

4-1945

Washington University Medical Alumni Quarterly, April 1945

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The
WASHINGTON UNIVERSITY
MEDICAL ALUMNI
QUARTERLY



PUBLISHED IN THE INTEREST OF
THE UNIVERSITY AND THE ALUMNI

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Award of the Certificate of Merit by the
St. Louis Medical Society to Dr. Joseph Erlanger

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Washington University Hospital
Operating in France

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Case Reports of the
Barnes Hospital

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Vol. VIII

APRIL, 1945

No. 3

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Office of the Washington University Medical Alumni Quarterly, 602 South Euclid
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Published quarterly by Washington University School of Medicine, St. Louis 10,
Mo. Entered as second class matter December 14, 1937, at the Post Office at
St. Louis, Mo., under the act of August 24, 1912.

* In the Armed Forces.

The Washington University Medical Alumni Quarterly

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APRIL, 1945

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Award of the Certificate of Merit

by the

St. Louis Medical Society

to

Dr. Joseph Erlanger*

February 20, 1945

Remarks by the President

DR. WILLIAM E. LEIGHTON

In reviewing the history concerning the Award of Merit of the St. Louis Medical Society, I note it was the privilege of your President to be a member of the original Committee which was appointed by the Council January 14, 1926. Drs. Fred Bailey, and Hillel Unterberg were the other members. We were asked to work out a suitable plan for the permanent Award of Merit.

On May 12, 1926, at a meeting of the Council, the following report of this special committee of the Council establishing the Society's Award of Merit was adopted:

"Your committee recommends that an Award of Merit be established by the St. Louis Medical Society to consist of a Certificate of Award, a Medal and a Ribbon of appropriate design. It is recommended that only members of the St. Louis Medical Fraternity be eligible; that the recipients must be jointly recommended by the Medical Faculties of both the St. Louis and Washington Universities and must be unanimously elected by open vote of the Council at an annual meeting and that the presentation be made by an appropriate ceremony at a meeting especially designated by the Council."

The Award was conferred for the first time on Drs. Evarts A. Graham,

* Reprinted from the Bulletin of the St. Louis Medical Society.

Glover H. Copher, Warren H. Cole and Sherwood Moore at a meeting of the General Society on June 7, 1927 in recognition of their meritorious work in connection with the x-ray visualization of the gallbladder. The Award was next conferred upon Dr. Edward A. Doisy on March 19, 1935 in recognition of his brilliant achievements in hormone chemistry and physiology and his contributions to chemical therapeutics. On October 24, 1939 the Award was conferred upon Dr. William W. Graves in consideration of the usefulness of his classification of scapulae and other inherited characters, and of his discovery of "The Age-Incidence Principle of Investigation," both of which resulted in new approaches to the qualitative evaluation of inherited variations in relation to the inherited qualities of human constitution, expressed in inherited predisposition to health or disease, and in inherited capacity for education, for adaptability, and for longevity. On December 9, 1941 the Award was conferred upon Dr. Max A. Goldstein an eminent otolaryngologist, teacher, scientist, writer and medical publisher, founder and director of Central Institute for the Deaf. He had shown himself worthy of this distinction by his contributions to the advancement of medical science. Actuated by a regard for others, he had given many years to the task of helping a handicapped class of human family. His pedagogic work in this special field had brought distinction to the educational opportunities of our city. On March 3, 1942 the Award was conferred upon Dr. Leo Loeb in appreciation of his long and distinguished service as a leader of medical science, and in recognition of his original investigations in the fields of endocrinology and cancer, and the ageing processes—contributions that have opened new areas of knowledge and led to a better understanding of human disease.

The Certificate which is being presented this evening reads as follows: "This Certificate of Merit is awarded by the St. Louis Medical Society to Dr. Joseph Erlanger. His contributions to fundamental knowledge of the cardiovascular and nervous systems and to methods of physiological investigation, his excellence as a teacher and his active devotion to the furtherance of medical research have strengthened the hand and augmented the skill and discernment of present and future practitioners of medicine.

Given by Authority of the St. Louis Medical Society, February 20, 1945. Wm. E. Leighton, M.D., President; Joseph Grindon, Jr., Secretary."

Dr. Erlanger, it becomes the pleasant duty of your President, on behalf of the St. Louis Medical Society, to present this Award and Medal for your distinguished service.

Response

DR. JOSEPH ERLANGER

Dr. Leighton, Dr. Hinsey, Dr. Shaffer, Fellow members of the St. Louis Medical Society, ladies and gentleman:

May I first express my very sincere thanks to you, my fellow members of the Society, for the high esteem in which you hold the efforts I have made to contribute to the advance of medicine in general, and to the science of physiology in particular, and thank you for this beautiful medal, symbolizing that esteem.

I also want to thank you, Dr. Hinsey, and you, Dr. Shaffer, for your friendly and complimentary remarks. I treasure most highly your and the society's good opinion of me.

I want now to devote a few minutes of a defense of my career. I suppose that one who has been created "emeritus" because of age is privileged to speak of his career, even though the new title has not relieved him of any of his duties, or of any of the responsibilities of his department. And, if so, I further suppose, in view of the honors that have been bestowed on me within the last year or so, and in view of the responsible posts I have been asked to fill, that I will not be regarded as egotistical if I have become convinced that I have succeeded in accomplishing something more in my chosen profession than is given to the average physiologist to accomplish.

But whether these suppositions be justifiable or not, I believe I can convince you that in large part my record has been the result of good fortune, of good fortune that has come to my aid at almost every critical stage of my progress.

To begin with, while a resident of San Francisco, I had the rare luck of learning about the new and, for that time, unique medical school that had just opened its doors in Baltimore; and I had the further luck of having been urged to study there. For it was in Baltimore, under the tutelage of Mall and Welch and Howell, and Osler and Halsted, that my interest in research as a career was aroused.

It was another stroke of luck that just as I was finishing my internship at Hopkins a vacancy developed in Dr. Howell's department of physiology, and that the place was tendered me. That gave me a start in physiology,—under the very best of conditions then available,—with the best lecturer I ever had as a teacher, and with a painstaking investigator, one who taught his advanced students by example, not by precept.

Lucky circumstances then led me from one field of physiology into another. My initial interest was in chemical physiology. In order to better prepare myself for work in that field I spent the summer of 1901 in Hof-

meister's laboratory of biochemistry in Strassburg, then German. On my return to Baltimore one of my duties included the preparation of demonstrations for Dr. Howell's lectures. As a lecturer Dr. Howell, as I have said, was unexcelled, and the experiments he demonstrated to illustrate his lectures were performed by him with consummate skill. But, in his quiet way, he demanded that the assistant have everything ready for smooth action. Well, for his lecture on arterial pressure in man I was preparing a demonstration with the Mosso graphic sphygmomanometer. This consisted of a complicated glass device that had been imported from abroad. It recorded the pulses from three of the fingers of each hand. In the process of getting the apparatus ready I broke it irretrievably. The demonstration nevertheless had to be given in its proper context, and there was nothing for me to do but to construct a blood pressure apparatus then and there. It was thus that I came to devise a recording sphygmomanometer. I would like to present here a bit of documentary evidence in support of this story, lest there be here some who might doubt it.

This evidence is in the form of a doggerel rhyme that was read at my 70th birthday surprise party something over a year ago. The author, Dr. Percy M. Dawson, was my senior in the department of physiology at Baltimore in 1903 at the time the accident occurred. The composition is a bit difficult to read because the author combines old English with phonetic spelling.

A SAGE

A sage there is, and that a goodly man,
That from the tyme that he ferst bigan
To delve into the secrets of nature
Of seds of lyfe and how they may endure,
Of ways that beesties hav to circumvent
The death for aye on their destruction bent,
He was a man to dedicate his days
And eek his nyghts to philosophic ways.

Whan this oure centurie was at its birth
He wrought a deed that for us al made mirth.
A crystal model which he had bespoken
He took into his honds and straightway broke,
That drew a laugh from all his mery friends.
But his mishalpe he very quickly bends
For his own good and eek the good of al
For, goaded by the wrack, he took a bal

Of ruber firm and putt it in a case,
Girt round with coks and levers al in place.
And whan the model new by him was wrought,
He to the Schneider brothers' shop it brot.

Thus from a fault, he to a virtue came,
That scattered from our speech al notes of blame.*

Though this new sphygmomanometer did at one time enjoy some vogue, it has now been displaced for clinical purposes, and rightly so, by the auscultatory method. However, it was that streak of luck, or of bad luck, if you will, that took me out of chemical physiology and started me in the field of circulatory physiology.

That occurred, as I have said, in 1903. A couple of years later, to turn now to still another lucky circumstance, a patient exhibiting the Adams-Stokes syndrome turned up in the Johns Hopkins Hospital. Knowing of my interest in the circulation Dr. Osler, under whom I had served my internship, asked me to see the case. Polygraphic records promptly disclosed a heart that was beating in complete atrio-ventricular block; the records were surprisingly like those the students I had charge of in the laboratory at that very time were obtaining from turtle's hearts through compression of the atrio-ventricular junction with the Gaskell heart clamp. It was my good fortune, moreover, that at that very time new anatomical descriptions were being published of the atrio-ventricular bundle of the mammalian heart. What could have been more natural under this combination of circumstances than to try to clamp the atrio-ventricular bundle in the surviving heart of mammals! Thus we started the series of experiments on heart-block and related topics that occupied my attention for a number of years.

My interest in methods for determining the arterial pressure in man naturally caused me to ponder the underlying mechanism of the sounds, the sounds of Korotkoff, that are employed in determining blood pressure. A lucky trick eventually supplied the clue to a solution. After it had been shown with the experimental animal that in the stage of decompression of the artery during which the sharp Korotkoff sounds are in evidence, i. e., from systolic compression down to diastolic compression, the artery is flattened during diastole but not completely; it contains some blood, but is undistended by it. So it seemed that it might be worth while ascertaining what happens when a wave simulating the pulse is made to traverse a rubber tube under comparable conditions. With this in mind, we used the inner tube of a bicycle tire. It was filled with liquid but not to distension, and was placed horizontally on a table so that gravity flattened it,—made it elliptical on cross section. In other words, it also was a flattened, liquid filled, but undistended tube. The wave, as it travelled along the tube under these conditions, went through the same curious evolutions as did the pulse wave in the records obtained from the artery compressed in situ. There is no

* The last stanza is omitted.

need of describing those evolutions. Suffice it for the present to say that the mechanism determining the evolutions was not at that time clear. Significantly, however, it was found with the tube that the travelling wave produces a sound that is sharp in quality (pistol shot, if you will), but only so long as the pressure exerted by water in the tube is insufficient to distend it, i. e., only so long as the tube is partly flat. The pistol shot sound emitted by the tube changes to a dull sound when the water so distends the tube as to cause it to become round. In blood pressure determinations this corresponds with a compressing pressure that has fallen below the diastolic level.

As a result of some previous studies in this field we had inferred that the sharp arterial sounds of Korotkoff might be produced by a process akin to water hammer. But the results obtained with the rubber tube rendered such an explanation untenable, and in the absence of any clue as to the underlying mechanism, the process leading to the production of the sharp sounds was noncommittally designated the "preanacrotic phenomenon,"—"preanacrotic" because, as the pulse travelled into, and along the tube (and also along the artery in situ) wavelets developed at the foot of the wave and the wave front became ever steeper until the sharp sound appeared.

Now for another stroke of luck in this particular connection. A few years after these experiments had been described there came to work in my laboratory on a foreign fellowship of the Rockefeller Foundation one J. Crichton Bramwell of Manchester, England. He had been working in London with A. V. Hill on conditions that lead to the breaking of pulse waves in arteries in situ, a breaking of the pulse that is similar to the breaking of waves on the seashore. Bramwell, when he arrived, decided to work with the bicycle tire model. His experiments with it showed that the mysterious evolutions the pulse wave passes through during propagation along the unstretched tube (the evolutions that we previously had designated the preanacrotic phenomenon) and also the ultimate production of the sharp sound by the propagated wave, actually are the result of the breaking of the pulse wave in the flattened tube. And so the preanacrotic phenomenon, the phenomenon which produces the sharp sounds of Korotkoff, turns out to be the breaker phenomenon.

My interest in nerve physiology, also, was fostered by a series of fortunate circumstances. Back in 1913 Garrey (whom many of you will remember) and I were investigating induction shocks, and it then occurred to us, as it undoubtedly had occurred to other physiologists, that the cathode ray oscillograph, the television tube, would be the perfect instrument for the recording of electrical manifestations of physiological action. It was realized that it, and it alone of instruments then known, would be sufficiently quick

to record accurately the very brief electrical phenomena encountered by the physiologist. What stood in the way of its availability in physiology was the insensitivity of the then tubes. Literally hundreds of volts were necessary to produce an adequate deflection whereas the electrical potentials associated with physiological action may be of the order of millionths of volts. This situation remained true even after amplification by means of vacuum tubes became available. In 1918 Gasser (my fellow Nobel laureate), with Newcomer, had developed, in the physiological laboratory at Washington University an amplifier for use in connection with the string galvanometer (the instrument used in electro-cardiographs). The combination as developed by them, had sufficed to record slow nerve action currents. It might be added that before Gasser and Newcomer, Forbes and Davis of Harvard also had worked with the amplifier-string galvanometer combination, but not so successfully. Forbes since has told me that they at that time had considered using the cathode ray oscillograph as the recording instrument, but had given it up as impractical. Gasser and I had often discussed the possibilities, or should I say the impossibilities, of the cathode ray oscillographs then available.

And now for the next stroke of good luck. It was while this subject was very much in the fore with us that one J. B. Johnson, a physicist with the Western Electric Co., at the meeting of the American Physical Society in December, 1920, described a cathode ray oscillograph possessing an exceptionally high voltage sensitivity, a sensitivity which, we felt, would be sufficiently high with the amount of amplification that was then available in the laboratory, to yield legible records of nerve action currents. After some trying experiences and near successes in our efforts to construct a Johnson tube, the Western Electric Company consented to lease us, they would not then sell us, a tube, and so the work got started, that was in 1921, which the Royal Caroline Institute of Stockholm regarded as worthy of the Nobel Prize. It is obvious, however, from what has been said, that the adaptation of the cathode ray oscillograph to physiological ends would soon have been accomplished by others. It was our good luck that we just happened to be ready to proceed as the necessary tools became available.

Please note also the debt we owe the physicists for the progress that has been made in nerve physiology. Had physics not provided for us either vacuum tube amplification or the cathode ray oscillograph our nerve work would not have been possible.

I have now outlined a few of the lucky breaks that have accompanied the efforts to solve some of the problems to which I have given attention from time to time. Now don't let me give you the impression that luck always has been on our side. That never happens in the realm of scientific investigation. It was the late S. J. Meltzer, physiologist in the Rockefeller In-

stitute, who once said quite aptly that the career of the investigator is marked by more tombstones than monuments. Interspersed between the few successful issues I have referred to there have been many failures. Let me mention only one of our unlucky ventures, though prudence would consign it to oblivion. The early cathode ray tubes were very weak actinically. To photograph an action potential it was necessary to superimpose 10 to 20 exposures on the same film, a requirement that limited the use of the instrument to reactions that could be exactly repeated that many times. At this stage we heard of a cathode ray oscillograph, devised by one Wood of England, that was capable of giving a photographic impression of a single deflection. A research foundation supplied the \$1000 needed to purchase it. To operate this machine a wet plate is put into its massive chamber, which then is evacuated to a very low pressure. The plate is then exposed to the single deflection, atmospheric pressure is restored and the plate removed and developed,—the whole obviously a very tedious and time-consuming procedure, a single record requiring hours in the making. But we never got that far; we never succeeded in making the machine work. After devoting to it months of time and effort the apparatus was scrapped.

So all in all, the yield from my efforts to contribute to the advance of medicine has been small indeed, despite the fact that through all of the years,—at Hopkins, at Wisconsin and particularly at Washington University,—I have had the good fortune of being provided with conditions that have been stimulating and conducive to progress in every way.

In closing I would like to borrow a thought expressed by my teacher, the late W. H. Howell, on an occasion somewhat similar to the present one. Parkman says of the American Indian that when faced with something he could not comprehend, he placed his hand over his mouth, in token of wonder, and exclaimed, "It is great medicine." This occasion, my fellow members, is truly great medicine to me. I hope still more, on the belief that it is more blessed to give than to receive, that somehow it will do you good also.

Washington University Hospital Operating in France

Reprinted from Globe-Democrat, February 10, 1945.

Veteran of North Africa and Italy and proud possessor of numerous "firsts," the Twenty-first General Hospital, sponsored by the Washington University School of Medicine, now is caring for members of the American Seventh and French First Armies in France, it was disclosed yesterday in an army dispatch.

Activated January 10, 1942, under command of Col. Lee D. Cady, the



Mechanical devices are a common sight in the surgical wards of the hospital. Experienced surgeons often have serious battle wounds to treat at the hospital and these devices often aid in the proper healing of a badly injured leg or arm. Here, checking the progress of one patient, are left to right: 2nd Lt. Virginia L. Schulze, Pinckneyville, Ill., ward nurse; Lt. Col. John F. Patton, St. Louis, chief of the 21st's surgical service; Capt. John J. Modlin, St. Louis and Bois D'Arc, Mo., orthopedic surgeon; and Lt. Col. Henry G. Schwartz, St. Louis, assistant chief of the surgical service. Capt. Modlin's wife, 1st Lt. Ann E. Modlin, is a member of the Army Nurse Corps at the 21st General Hospital. She is from Bois D'Arc.



A triple check on the patient's condition is made in the medical ward of the 21st General Hospital, in France. Left to right are: Lt. Col. Sim F. Beam, '37, St. Louis, chief of the hospital's medical service; Major Joseph C. Edwards, '35, St. Louis, assistant medical chief; Major John H. Wedig, '31, Alton, Ill., chief of general medicine; and 1st Lt. Carolyn Klinge, St. Louis, Army Nurse in charge of the medical ward.

organizer, the hospital left the United States in October, 1942, stopped in England and arrived in North Africa December 6, 1942.

Staff members have added greatly to the unit's fame. Enlisted men of the Utilities Section were commended by authorities for improvising a new type of "sandwich" siding which was adopted throughout North Africa. Maj. Samuel P. Harbison of Sewickley, Pa., improvised a skin-grafting instrument which was widely adopted and the X-ray section developed a new method and new equipment for taking X-rays of large sections of the body.

Nurses Win Fame

Lt. Col. Henry Schwartz, 5065 Waterman bl., hospital neuro-surgeon, developed a process of accurately filling a large skull defect by the use of acrylic, a substance used in making dental plates.

Added fame came from the nurses, 10 of whom went to the Anzio Beach-head to help with medical and surgical work. Two of the 10 won the Purple Heart there.

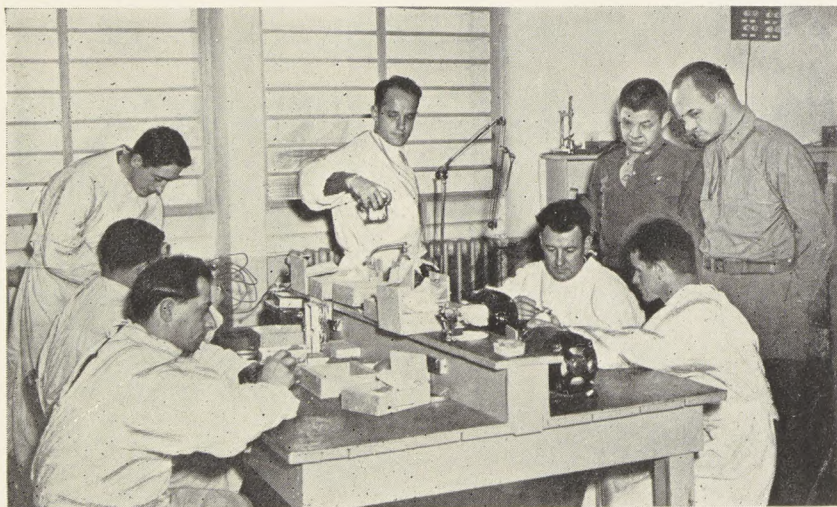
The hospital site in North Africa was Bou Hanifia, a peacetime mineral

spring resort between Oran and Sidi Bel Abbes, home of the French Foreign Legion. The stay in Africa was colorful, with Arabs, Foreign Legionnaires and French Colonials serving as guards and being among the patients. Also on the patient list were members of the British First Airborne Division, hard-bitten veterans of North African battles.

Trains Personnel

After a year in North Africa, the hospital moved to a site near newly-liberated Naples. Its reputation established, the hospital began training personnel for others in addition to handling patients. From its original 1000-bed size, the unit expanded to 2000, with an added capacity for almost 4000 patients in buildings and under canvas war tents. At one time, it actually had more than 3500 patients on its register.

In Italy the hospital cared for Fifth Army patients, and, after the landings in southern France August 15, for Seventh Army wounded who were flown back. After moving its equipment, the unit received its first patients in France last October 21, and in the next few weeks admitted an average



In the hospital's dental clinic, a trained group of officers and enlisted men handles routine dental work such as fillings and extractions, while in the dental laboratory, specialists prepare dentures for some of the patients. Here, working in the laboratory are, left to right, seated: Pvt. Ralph Papa, Brooklyn; Cpl. Anthony C. Marano, Brooklyn; Sgt. Alois J. Brunner, St. Paul, Minn. (standing); Sgt. Floyd R. Kuhl, Chicago (standing); S/Sgt. Wilbur H. Ostlund, Minneapolis, Minn.; and Sgt. Frank J. Cerro, Madison, Wis. Standing, supervising the work, are, left to right: Major Lane W. O'Brien and Major Earl E. Shepard, both of St. Louis. Major Shepard is assistant chief of the dental service and Major O'Brien is chief of the prosthetic section of the dental service.



The hospital's blood bank is always a busy place. Major Abe A. Bolotin, Chicago, executive officer of the hospital (left) is checking a test. Among those from St. Louis in the picture are Major Lucille S. Spalding, chief nurse of the 21st, seated third from the right, and Lt. Col. Harry Agress, chief of the hospital laboratory service, first on the right.

of 135 patients per day, many direct from front line dressing stations.

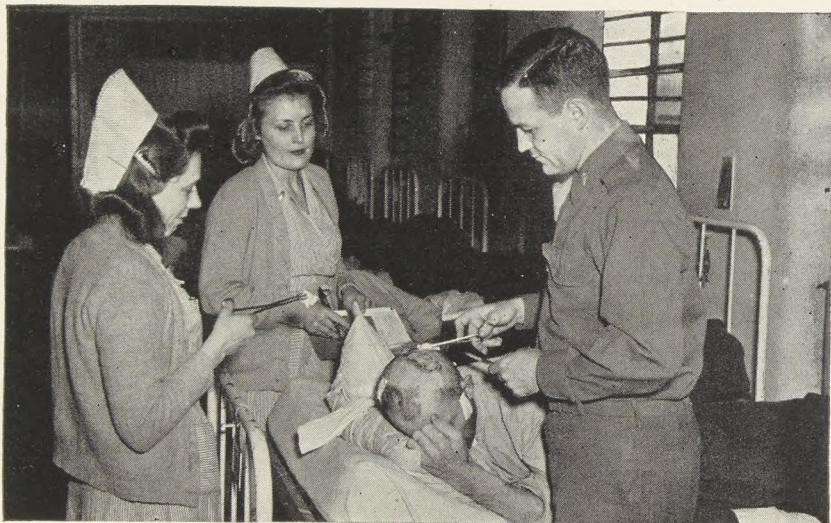
An innovation started in Italy, operation of its own blood bank, was continued by the hospital in France. Through the use of fresh blood, recovery of patients was aided and quicker surgery made possible. Much of the more than 5500 pints of fresh blood used since the bank was started was donated by staff members and patients. More than 70 per cent of the blood used has been drawn at the hospital.

Hospital for Germans

Another innovation came soon after the unit was set up in France. A detachment of German prisoners was sent to work at the hospital and German casualties were treated. Soon a "hospital within a hospital" was set up when six German doctors and 49 German nurses began to care for the prisoners.

During the 27 months since the hospital left the United States, more than 75 per cent of the original staff of enlisted men went home on rotation. Some of the doctors left, many to become commanding officers of other hospitals, and many new faces appeared among the nurses.

During World War I, the Twenty-first Base Hospital, also sponsored by Washington University, served 18 months at Rouen, France, caring for 18,000 patients.



German prisoners are treated at the hospital, too. Here a head wound of a prisoner is dressed by Capt. George E. Routhac, Florence, Alabama, hospital neurosurgeon. With him are Army Nurses 1st Lt. Eloise H. Hagler (left), Salem, and St. Louis, Mo., and 2nd Lt. Alice Thompson, St. Louis and Jefferson, Iowa.



It's turkey in the hospital mess hall. Colonel Lee D. Cady of St. Louis, Commanding officer of the hospital, is watching the carving, anticipating the evening meal. With him are, left to right: 1st Lt. Arthur J. Nie, Cedar Rapids, Iowa, mess officer; Col. Cady; 2nd Lt. Agnes L. Nalish, Milwaukee, Wis., hospital dietitian; 1st Lt. Allen Katz, Chicago, assistant mess officer; and cook Sgt. Martin Rothman, Jamaica, N. Y.

Case Reports of the Barnes Hospital

CLINICAL AND POSTMORTEM RECORDS USED IN WEEKLY CLINICOPATHOLOGICAL CONFERENCES AT BARNES HOSPITAL, ST. LOUIS

W. BARRY WOOD, JR., M.D., AND ROBERT A. MOORE, M.D., EDITORS

CASE 66

PRESENTATION OF CASE

E. E., a 43 year old, white housewife entered Barnes Hospital for the first time on August 25 and was discharged on September 21, 1926.

Chief Complaints: Weakness and fever.

Family History: One sister died presumably from tuberculosis, although this diagnosis was never proved.

Past History: The patient had measles at the age of 15 and did not recover her strength for one year. She had scarlet fever at 23, smallpox at 37, and shortly afterward she had tonsilitis complicated by pneumonia. She remained in bed for three months and during this time developed a lung abscess in the left lower lobe. It was operated upon and a large amount of pus was evacuated. A bronchial fistula developed, but had apparently healed entirely and for a few years previous to admission the patient had felt quite well. The systemic history disclosed a long-standing complaint of indigestion and the fact that the last menstrual period was three months previous to admission.

Present Illness: Five months before admission the patient had influenza, for which she remained in bed for one week. She felt that she had never completely regained her strength. For the first six weeks she coughed and produced a moderate amount of sputum which occasionally was tinged with blood. For two months previous to admission there was increasing weakness, some shortness of breath on exertion, and night sweats. She lost about 12 pounds during this period. For five weeks previous to admission she had a temperature ranging from 99° to 102°.

Physical Examination: T. 37.5°, P. 108, R. 24, BP 105/75.

The patient appeared fairly well nourished and did not seem acutely ill. The skin and mucous membranes presented a slight pallor. The eyes were essentially normal. There were several carious teeth. The tonsils were small and cryptic. Percussion note over the apices of both lungs posteriorly was somewhat impaired. The breath sounds in these areas were harsh with increased whispered voice sounds. An occasional moist rale was heard over the left apex posteriorly. Over the area of the cardiac apex there was a

faint systolic murmur poorly transmitted. There were no other abnormalities of the heart. The abdomen presented a firm round mass easily movable and slightly tender extending about four fingerbreadths above the symphysis. A pelvic examination revealed this mass to be uterine in origin.

Laboratory Findings: Blood count—red cells 3,850,000, white cells 10,000, hemoglobin 62%. Differential count—polymorphonuclear 74%, lymphocytes 18%, eosinophiles 2%, transitional forms 6%. Urinaylsis—sugar 3+, albumin 2+, microscopic—many white blood cells with clumping. No casts or red blood cells. Blood Wassermann—negative. Glucose tolerance test—fasting and at one-half hour, one hour, two hours and three hours showed 77, 161, 124, 103 and 99 mgm.% respectively. Roentgenograms of the chest revealed a moderate increase of hilar shadow on both sides which was rather dense. Lung markings were prominent. In the first three left interspaces there was a fair amount of fine, soft, parenchymatous mottling. A similar change could be seen on the opposite side to a less extent. Diagnosis—pulmonary tuberculosis.

Course in Hospital: The temperature remained slightly elevated throughout. On bed rest and treatment for cystitis, the patient remained comfortable. Urinary sugar was considered to be true to pregnancy and the patient was discharged with a diagnosis of normal pregnancy, incipient pulmonary tuberculosis and simple anemia.

Second hospital admission—December 12 to December 27, 1944:

Interval History: The patient apparently regained her health after leaving the hospital and remained essentially well until May, 1944, when she developed pain in the right shoulder while bending over strapping a suitcase. The pain became worse until she could not longer move her arm. It gradually involved the shoulder girdle and extended down the arm to the elbow. Under sodium salicylate the pain gradually improved and finally disappeared. It returned in August, 1944, and again slowly responded to the same treatment. At this time the patient noticed that she was becoming increasingly constipated, and that she had some distention from abdominal gas. There then developed a constant dull aching pain in the mid-abdomen which did not improve with cathartics. A few weeks previous to admission the stool became light in color; at that time her urine was dark, and two days previous to admission she was told by her family that she was turning yellow. The abdominal pain became somewhat more diffuse, and was felt in the lower abdomen and associated occasionally with cramping. About one month before admission anorexia and weakness developed. There had been a loss of 10 pounds in weight in the last year.

Physical Examination: T. 37.2°, P. 108, R. 22, BP 110/80.

The patient appeared chronically ill, very weak and lethargic, and appar-

ently disoriented. The skin was mildly icteric and loose and of poor turgor. The conjunctivae were icteric. The fundi showed moderate arteriosclerotic changes. The mouth was edentulous, the lips were dry, the tongue was beefy red with notable atrophy along the edges. The pharynx was dry and red. The thyroid gland was just palpable. The lungs showed slight hyperresonance at the left base and the diaphragm on the right did not descend on inspiration. No rales were heard in the lungs. The heart was not enlarged, the rhythm was regular and the sounds of fair quality except for a faint systolic murmur at the apex. The abdomen was slightly distended and tympanitic. There was slight tenderness in the left lower quadrant. The liver was not palpable, the spleen was not felt, and there were no masses. The uterus was markedly retroverted, and there was a cervical laceration with some discharge.

Laboratory Findings: Blood count—red cells 4,600,000, hemoglobin 13.5 gms., white cells 15,400, differential count—juvenile forms 1%, stab forms 20%, segmented forms 60%, lymphocytes 16%, monocytes 3%. Urinalysis: bilirubin 1+, albumin negative, sugar negative, microscopic—occasional granular casts. Stool—brown color, guaiac negative, bilirubin positive, urobilinogen positive. Blood Kahn reaction—negative, blood chemistry—sugar 88 mgms.%, nonprotein nitrogen 16 mgms.%, total protein 5.2 gms.%, albumin 2.7, globulin 2.5, bromide 217 mgms.%, phosphorus 2.2 mgms.%, phosphatase 41 Bodanski units. CO₂ combining power 61 volumes per cent, chlorides 366 mgms. %, icterus index 30, cephalin flocculation 2+. Roentgenograms of the chest;—the cardiac silhouette appeared within normal limits; the hilar shadows were prominent; the right leaf of the diaphragm was considerably elevated, as was the left. The peribronchial markings of the right lung were close together and quite prominent, giving the lung a hazy appearance as compared to the left. An open film of the abdomen revealed some gas in the small intestines but the loops did not appear to be dilated. A small amount of gas was in the colon. The gas-filled small intestinal loops were displaced superiorly to the normal position. The inferior border of the liver did not seem to extend downward. Electrocardiogram—low voltage, T waves isoelectric in leads 1, 2, 3, and CF-4.

Course in Hospital: The patient remained disoriented and talked irrationally. Under treatment with intravenous sodium chloride, the blood bromide level dropped to 70 mgms.%. The jaundice increased somewhat, and the icterus index rose to 100. Under the fluoroscope the right leaf of the diaphragm was high and immobile, whereas the left side was somewhat elevated but moved well. Repeated urine examinations revealed consistently positive tests for bilirubin and traces of urobilinogen. Occasionally sugar of 1+ to 3+ was found. The abdomen slowly became distended to a marked

degree although bowel movements did not seem to be interfered with. Nausea and occasional vomiting appeared. A Wangenstein tube was passed into the stomach and during its insertion the patient vomited about 1000 cc. of purplish-black liquid which gave a 4+ reaction to guaiac test. Edema developed during the last few days and progressed rapidly, involving the lower extremities and abdomen. Moderate dyspnea appeared and a few rales were heard at the bases of the lungs. The abdominal distention persisted and the patient remained mentally very confused. On the day before death she presented a picture of shock. The venous pressure in the legs was 255 mm. water, and the blood pressure 108/70. Lanataside C was given intravenously with no apparent effect. The Wangenstein apparatus was functioning but abdominal distention continued. Signs of ascites were detected. The gastric content continued to be purplish-black and on the day of death the white blood cell count rose to 18,200, with 48 stab and 43 segmented forms. The patient went into shock and, despite plasma transfusions, she died.

CLINICAL DISCUSSION

Dr. Harry Alexander: This patient has a long history which starts with a suggestion of tuberculosis eighteen years before the final illness. The present illness began eight months before death with pain around the shoulders and down the arm, increasing constipation, abdominal pain, jaundice, and loss of weight. There were few physical findings other than emaciation, jaundice, retroversion of the uterus, a high fixed diaphragm, and the disorientation which was apparently due to bromides. On admission to the hospital additional findings were blood in gastric content, edema and ascites, and displacement of intestine to the right and superiorly. On admission the icterus index was not great—about 30—but it rapidly rose to 100. Was this jaundice an obstructive jaundice or a hemotogenous jaundice, Dr. Moore?

Dr. Carl Moore: I think it was an incomplete obstructive jaundice. It was incomplete because there was urobilinogen in the stool and urine. It was not hematogenous jaundice because the cephalin flocculation was only 2+, and one would expect a 4+ reaction in hematogenous jaundice. It was obstructive because the serum phosphatase was high—41 units.

Dr. Alexander: In regard to the high, fixed, right diaphragm, Dr. Goldman, what might be the cause of this?

Dr. Alfred Goldman: There are a number of things that could be the cause. In this case it may have been paralysis of the phrenic nerve or an enlargement of the liver which pushed up the diaphragm. There may have been adhesions of the diaphragm to the liver or to the lung or both. Atelec-

tasis is also a possible explanation. There may have been a local lesion that involved only the superior portion of the liver.

Dr. Harry Alexander: Do you think that the abnormality of the diaphragm is related to an abdominal condition or to a thoracic lesion?

Dr. Goldman: There was no evidence that there was anything within the lung itself. Pain in the shoulder and shoulder girdle may be associated with a diaphragmatic lesion, particularly if the phrenic nerve is involved.

Dr. Alexander: Does the diaphragm fail to move because there is an irritation? Or, is the muscle impaired?

Dr. Goldman: I think irritation is the greatest factor but the muscle may become impaired eventually.

Dr. Alexander: You believe, then, that there was nothing in the thorax to account for the high fixed diaphragm and that it was probably caused by something in the abdominal cavity.

Dr. John Smith: The pain in the arm and shoulder and the high fixed diaphragm indicates some lesion in the chest which impaired the function of the phrenic nerve.

Dr. W. Barry Wood: Dr. Alexander, is it not true that patients with disease of the gall bladder occasionally have pain down the right arm that is said to be due to irritation of the central portion of the diaphragm?

Dr. Alexander: That is true. The pain is usually in the shoulder but it does occasionally radiate down the arm.

Dr. J. Smith: One other explanation of that particular type of pain is that the afferent nerves from the gall bladder and related structures enter the spinal cord at levels that are much higher than usual. This would give a type of referred pain that simulates cardiac pain.

Dr. Alexander: It is apparent that the high liver was due to an abdominal lesion, Dr. Wood, why was the liver fixed?

Dr. Wood: There is the possibility of adhesions, of some mechanical obstruction, or of some involvement of the phrenic nerve.

Dr. Alexander: It is possible that there was a mass below the liver holding it up.

Dr. Harold Scheff: Dr. Alexander, one of the commonest causes for a high fixed right diaphragm is a subphrenic abscess. The pain in the right shoulder region could be the sign of a perforation of a peptic ulcer.

Dr. Alexander: A Wangensteen tube was inserted into the stomach and a 1000 cc. of purplish black or red fluid were evacuated. From that time on the patient vomited the same type of fluid. Dr. Scheff, how would you interpret these observations?

Dr. Scheff: One may assume that there was erosion of a blood vessel either in the stomach or in the duodenum.

Dr. Alexander: Are there any other comments about the blood in the gastric content?

Dr. Carl Moore: Do we know what the patient's prothrombin time was?

Dr. Alexander: It was not recorded.

Dr. C. Moore: Any woman who has an obstructive jaundice for a long period of time, even though incomplete, may get sufficient lowering of the prothrombin in the plasma to cause bleeding.

Dr. Alexander: This patient's jaundice was not of long duration. Her stool, on admission to the hospital, was guaiac negative so it may be assumed that the jaundice was of short duration.

Dr. C. Moore: But the prothrombin may fall rapidly and the bleeding may occur locally, as in this case.

Dr. Alexander: The patient's edema became more pronounced and there was a great deal of abdominal distention through which an ascites was detected. Dr. Smith, in view of the fact that the electrocardiogram showed some changes, do you believe that the patient may have suffered heart failure?

Dr. J. Smith: The electrocardiographic findings included an abnormal T wave, but I do not believe that cardiac failure played an important role in producing the signs and symptoms of this patient.

Dr. Alexander: Why do you think the patient developed dependent edema and ascites?

Dr. J. Smith: The onset of the edema was rather rapid. There is a possibility that there was an obstruction to the vena cava in the abdomen. The venous pressure was high in the lower extremities and the blood pressure was normal.

Dr. Alexander: If the patient had an obstruction of the inferior vena cava where would it have to be located to account for the other signs?

Dr. J. Smith: It would have to be above the entrance of the hepatic vein to explain all the changes. However, I think the vena cava was obstructed somewhere below the renal veins.

Dr. Wood: Would that cause ascites, Dr. Alexander?

Dr. Alexander: I think it would. An obstruction of the vena cava, rather far down, may be associated with ascites. Does ascites follow ligation of the vena cava?

Dr. Scheff: I think that, in general, there must be involvement of the portal vein. After ligation of the portal vein ascites and blood in the gastric content might be found.

Dr. Alexander: Suppose this were a thrombosis of the portal vein? Would that give ascites?

Dr. Scheff: Yes, it could. It would give the same signs and symptoms as cirrhosis of the liver.

Dr. Alexander: Would that give blood in the gastric content?

Dr. Scheff: Yes.

Dr. Alexander: Perhaps thrombosis of the portal vein may be the entire explanation of the patient's condition. Must it be assumed that the vena cava was affected?

Dr. J. Smith: Did it not state in the protocol that edema of the lower extremities and the abdominal wall was noted a little later than signs of ascites? I still believe that one would have to assume an obstruction of the inferior vena cava.

Dr. Wood: Dr. Alexander, I should like to ask Dr. Moore how patients with ascites develop edema of the legs.

Dr. C. Moore: The patient had a considerable degree of abdominal distention. She probably had a mass occupying the left side of the abdomen. If there was an obstruction of the portal vein so that ascites developed, the additional pressure in the abdomen could have been severe enough to increase the pressure on the vena cava and cause the dependent edema.

Dr. Alexander: What about the blood in the gastric content?

Dr. C. Moore: That could be explained on the basis of increased portal pressure. This patient did not have the complete picture of increased portal pressure—there should be a palpable spleen.

Dr. Alexander: That is important. After obstruction to the portal vein splenomegaly is evident within approximately twenty-four hours. According to the radiographs presented by Dr. Bottom there was a tumor on the left side of the abdomen. It was in mid-abdomen, pushing the transverse colon superiorly. Dr. Scheff, what type of tumor would be in that location?

Dr. Scheff: A tumor of the body or tail of the pancreas. A tumor of the kidney must be considered also.

Dr. Alexander: Do you have another suggestion, Dr. Smith?

Dr. J. Smith: A lesion of the aorta or periaortic tissues is possible.

Dr. Alexander: Yes, this is the location for an abdominal aneurysm or retroperitoneal sarcoma or some other involvement of the lymph nodes. On the assumption that the patient had a tumor of the pancreas, how is the obstructive jaundice explained, Dr. Moore?

Dr. C. Moore: I suppose by local metastases to the celiac lymph nodes. However, I think a good case could be made for retroperitoneal sarcoma with displacement of the retroperitoneal tissues, involvement of the celiac lymph nodes causing almost complete obstruction at the hilum of the liver, and lymphosarcomatous involvement of the stomach as a cause of the patient's terminal gastric hemorrhages.

Dr. J. Smith: A case could also be made for a dissecting aneurysm of the aorta which certainly could exert pressure in the portal region.

Dr. Scheff: If this patient did not have a mass on the left side of the abdomen there would be the possibility of a diagnosis of ampullary carcinoma which could explain most of the signs also.

Dr. Alexander: Dr. Smith, what was the clinical diagnosis in this case?

Dr. Ralph Smith: We thought the patient probably had a lesion of the gastro-intestinal tract or of the pancreas with metastases to the lesser peritoneal sac and stenosis of the common duct due to the metastases. As a terminal event it was thought that she developed retrograde thrombi in the veins leading to the omentum with an infarct of the small intestine, resulting in intestinal hemorrhages.

Dr. Alexander: Then you presume, if this was a carcinoma near the pancreas, that the shoulder pain was related to a portal thrombosis.

Student: Could a tumor of the pancreas cause the hypoglycemia?

Dr. Alexander: Not unless the pancreas was extensively involved.

Dr. Cyril MacBride: It would have to be a tumor of the islands of Langerhans to explain the hypoglycemia. A great deal of the pancreas has to be destroyed by the usual carcinoma before hypoglycemia appears.

Student: No mass was felt that corresponded to the radiographic lesion. Adhesions could have pulled over the intestine.

Dr. Alexander: That is true. No mass was felt but a retroperitoneal mass such as the pancreas is difficult to feel unless it is a large one. As to the adhesions, the patient did give a history of tuberculosis at one time.

Student: Could this be a Pick's syndrome?

Dr. J. Smith: That is possible, but unlikely.

CLINICAL DIAGNOSIS

Carcinoma of the gastro-intestinal tract or pancreas.

Metastases to the lesser peritoneal sac and to the tissues about the bile ducts.

Thrombi in the mesenteric veins.

Infarct of the small intestine.

ANATOMIC DIAGNOSIS

Adenocarcinoma of the tail of the pancreas.

Metastatic adenocarcinoma in the peripancreatic lymph nodes, retroperitoneal lymph nodes, adjacent to the left ovarian artery, the visceral and parietal peritoneum, the liver, the lungs, adrenals and the third lumbar vertebra.

Fibrous peritoneal adhesions between the liver and diaphragm.

Thrombi in the hepatic vein, the portal vein and its radicals, the splenic, mesenteric and the pelvic veins.

Infarct of the small intestine (115 cm.).

Thrombi in the ovarian and uterine arteries.

Emboli in the secondary and tertiary branches of the pulmonary artery of the left upper lobe of the lung.

PATHOLOGIC DISCUSSION

Dr. Robert Moore: There seems to be a substantial agreement that the patient had a carcinoma. Of seven diagnoses by the faculty six are of carcinoma—three of the tail of the pancreas, two of the head of the pancreas, and one of the stomach. Among the thirty-four diagnoses from the students thirty are carcinoma—ten of the stomach, five of the head of the pancreas, five of the colon, four of the pancreas, two of the body and tail of the pancreas, one each of the bile duct, liver, duodenum, and the lung. Of the other diagnoses, one from the faculty was a dissecting aneurysm of the aorta. The other four diagnoses by students were one each: acute yellow atrophy of the liver, bromide hepatitis and cirrhosis, tuberculosis of the intestine, and generalized actinomycosis.

The primary tumor in the pancreas did not exceed three cm. in largest diameter. The tissue was firm and the usual lobular architectural pattern of the pancreas was replaced by a dense fibrous tissue containing small yellow foci. A microscopic section from this region shows an anaplastic adenocarcinoma with mucus within the cytoplasm of some cells. There is extensive atrophy of the pancreatic acini and isolation of the islands of Langerhans. Microscopic study of the metastases shows a structure similar to that in the primary tumor.

The nature and cause of the jaundice in this patient are difficult to explain completely. The common bile duct and the hepatic bile ducts were not significantly dilated and there was no large mass in this region that would bring about obstruction of the extrahepatic ducts. There were, however, numerous tumor nodules in the substance of the liver and there was deep pigmentation of the liver with bile. In sections of the liver, free of tumor, slight increase of the connective tissue and increase of bile ducts can be seen in the portal spaces, a type of change that would be expected in slight obstructive biliary cirrhosis. I believe therefore that there is anatomic evidence to support the idea that, at least in part, the jaundice resulted from intrahepatic obstruction from the metastatic nodules.

On the basis of both gross and microscopic structure the thrombi are of three ages. The thrombi in the hepatic veins show organization and tumor cells within the thrombus. These thrombi had been present for some time—at least several weeks. The thrombi in the branches of the portal vein were of some standing but they do not show the extensive organization of those in the hepatic vein. The age of these thrombi would be a

matter of days, rather than weeks. I do not know how much part the obstruction of the hepatic vein played in bringing about the clinical syndrome. There might have been injury to the liver as the result of a high grade passive congestion. Therefore, some of the jaundice may have been a result of the inability of the hepatic cell to excrete the pigment brought to it. The third thrombi were those in the superior mesenteric system with an infarct to the intestine. Those thrombi were recent—a matter of a day. It seems to me most likely that they formed on the day before death when the patient went into shock.

The fixed, high diaphragm may be explained by dense fibrous adhesions between the liver and the diaphragm.

The infarct of the intestine might be one source of blood in the gastric content. There was also enough damage to the liver in the last days of life to account for a low prothrombin. Further, the portal system was completely obstructed.

There are a number of explanations for the ascites. One is the obstruction of the portal system. Another is the incomplete obstruction of the hepatic vein. Still another is the presence of multiple metastases on the peritoneal surfaces.

The tumor seen in the radiograph is probably best explained as fat in the anterior abdominal wall around the transversalis muscle and gas in the intestine.

News from the Medical School and Affiliated Hospitals

The following gifts to the School of Medicine were announced between December 1, 1944, and March 7, 1945: from the Upjohn Company, \$2,000 to the Department of Internal Medicine for research under the direction of Dr. MacBryde; from The Jane Coffin Childs Memorial Fund, \$1,650 to the Department of Pathology to provide technical assistance in the studies of Dr. Stowell on thymonucleic acid in leukemic cells and other problems in cancer research; from the William S. Merrell Company, \$1,500 to the Department of Internal Medicine to support work on xanthine diuretics being carried out by Dr. Jensen and Dr. Steinberg at City Hospital; from Mr. Harry L. Pollard of Houston, Texas, \$750 to be added to the Evarts A. Graham Fund; from the William R. Warner and Company, \$5,000 to the School of Medicine; from the Vance family of Grosse Pointe Farms, Michigan, \$1,000 to be placed in the Research Fund of the Department of Internal Medicine; from Mr. John C. Mosby, \$500 for the continuance of the W. McKim Marriott Scholarship for another year; from the Lederle Laboratories, \$2,400 in continued support of pneumonia research studies under the direction of Dr. Wood; from Dr. Louis F. Aitken, \$500 as an additional contribution to the Thekla Aitken Fund in the Department of Internal Medicine; from Mr. and Mrs. Leo. M. Stoecklin, \$5.00 as a contribution to the Philipp Hunkel Fund in the Department of Internal Medicine; from Mr. Bert Hopper of Taylorville, Illinois, \$750 which will be credited to the Marriott Memorial Fund; from the Louis D. Beaumont Trust, \$2,000 for research in surgery under the direction of Dr. Graham; from an anonymous donor, \$2,000 to Dr. George Bishop for scientific work in neurophysiology; from The National Foundation for Infantile Paralysis, \$1,000 as a supplemental grant to the present grant in the Department of Pathology under Dr. Margaret G. Smith; from Mrs. Oscar Johnson, \$2,000 for the McMillan Hospital and Oscar Johnson Institute; from Mrs. Emily Ann Walton, \$500 to the Department of Neuropsychiatry for the purchase of special apparatus; from the Lambert Pharmacal Company, \$2,000 for clinical tests of sulfadiazine ointment under the direction of Dr. Richard Weiss; from Mr. H. F. Urbauer, \$1,000; from the Anderson Motor Service Company, \$2,000; from Mr. Norman J. Stupp, \$500; from Mr. Fred Wallace, \$250; from Mr. Seth W. Herndon, \$100; from the Ludwig Music House, \$100, in support of the study of degenerative diseases under the direction of Dr. Kountz; and from an anonymous donor, approximately \$50,000 for endowment of the Department of Neuropsychiatry.

New appointments to the staff include: Dr. Daniel Bisno as Instructor in Clinical Ophthalmology; Dr. Chieh Sung as Instructor in Pediatrics; Dr. I. Oscar Weissman as Lecturer in Public Health Administration; Drs. Raymond C. Sunderman and A. Link Koven as Lecturer in Industrial Hygiene; Dr. Alexander E. Murphy as Lecturer in Dental Hygiene; Dr. Herbert C. Fritz as Assistant in Clinical Medicine; Dr. Henry A. Uhlemeyer as Assistant in Otolaryngology; Miss Esther Goodale as Assistant in Psychiatric Social Work; Dr. Frances Chappell as Assistant in Ophthalmology; Dr. Bernard Sarnat as Assistant in Clinical Surgery; Drs. Philip Ackerman and Franz Steinberg as Research Assistants in Medicine; Drs. Euryclides de Jesus Zerbini and Haroldo Renault as Fellows in Chest Surgery; and Dr. Miguel Alonso as Fellow in Otolaryngology.

Leaves of absence for service in the Armed Forces have been granted to the following: Dr. Sam Gray, Associate Professor of Pathology; and Drs. Benjamin Milder and E. Norris Robertson, Assistants in Clinical Ophthalmology.

The following have resigned from the staff: Dr. William O. Russell, Assistant Professor of Pathology; Dr. George R. Magee, Assistant in Ophthalmology; Dr. Frances Love, Assistant in Pediatrics; and Dr. Cyril J. Costello, Assistant in Surgery.

Dr. Millard E. Arbuckle, Assistant Professor of Clinical Otolaryngology, and Dr. David Rothman, Instructor in Clinical Obstetrics and Gynecology, have been released from military service and have resumed their positions on the staff.

Dr. Frank Gorham, Instructor in Clinical Medicine, died on November 27, 1944.

Dr. George Hourn, Assistant Professor of Clinical Otolaryngology, died on December 10, 1944.

Lt. Col. Earl H. Perry, having been retired from the Army, has been relieved of his position as Associate Professor of Military Science and Tactics and has been appointed Lecturer in Preventive Medicine.

New appointments to the hospital staff include: Dr. Frances M. Love, Dr. Jane A. Erganian and Dr. Eunice Elizabeth Bryan as Assistant Physician to the St. Louis Children's Hospital; Dr. Florence Heys, Theron Catlin Fellow to St. Louis Children's Hospital; Dr. Gerardo Pina as Voluntary

Assistant Gynecologist to Barnes Hospital and Voluntary Assistant Obstetrician to St. Louis Maternity Hospital; Dr. Alfonse Gaitan y Nieto as Kellogg Fellow in Ophthalmology in Barnes and McMillan Hospitals; Dr. Esther Sturgeon as Assistant Neuropsychiatrist in Barnes Hospital and McMillan Hospital; Dr. Lafayette Young as Voluntary Assistant Physician in the Private Doctors Offices; Dr. Wayne Sirles, Assistant Otolaryngologist to Barnes, McMillan and St. Louis Children's Hospitals; Dr. Mary McFayden Bishop as Voluntary Assistant in the Chest Clinic; Dr. Daniel Badal, Assistant Psychiatrist to McMillan Hospital; Dr. Norman Chan-Pong as Voluntary Assistant in Ophthalmology to Barnes, McMillan and St. Louis Children's Hospitals; Dr. Philip Shahan as Voluntary Assistant in Ophthalmology to Barnes, McMillan and St. Louis Children's Hospitals; Dr. Miguel Alonso as Fellow in the Department of Otolaryngology and Voluntary Assistant in Otolaryngology to Barnes, McMillan and St. Louis Children's Hospitals; Dr. E. Gurney Clark as Associate Physician to Barnes and McMillan Hospitals, and Consultant in Preventive Medicine to St. Louis Children's and St. Louis Maternity Hospitals.

The Alumni Association and the Medical School wish to express their sincere appreciation for the gift from Lt. Col. John E. Elmendorf, Jr., former assistant resident in the Department of Medicine. Colonel Elmendorf's letter, dated February 1, 1945, is shown below:

"Dear Dr. Deakin:

"I was in St. Louis last November for the meeting of the American Society of Tropical Medicine and the National Malaria Society. While there, I had the pleasure, for the first time since leaving Barnes Hospital years ago, of re-newing my old friendship with Dr. Tony Day.

"While I was at Barnes, under Dr. George Dock, Dr. Day had been instrumental in securing financial assistance for me from a friend of his whose name I never knew. For years, I have been intending to make an amount of money available to assist some medical student or interne in a manner similar to that which was accorded me through the kindly intervention of Dr. Day.

"While in St. Louis, I determined from Dr. Day the best procedure to follow, and accordingly am sending a check for \$200.00 for your Alumni Loan Association to be utilized by that organization in the manner that they may elect.

"I trust this small sum may be of as much assistance to someone in the future as a comparable sum was to me in the past.

"I wish your association the greatest of success in all its phases of endeavor, but with particular reference to that most practical phase, loans

to students, which, as you may realize, touches in my memory a responding chord.

Sincerely yours,

John E. Elmendorf, Jr.

Lt. Colonel, Medical Corps."

Harry Alexander will serve as civilian consultant to the 7th Service Command in Omaha, Nebraska, from May 21 to May 29.

On March 12 W. Barry Wood, Jr., delivered a lecture before the Johns Hopkins Medical Society in Baltimore on "Studies on the Mechanism of Recovery in Pneumococcal Pneumonia."

Drs. McGavran, Weissman and Gurney Clark visited the University of Michigan in February for a meeting with Dr. Sinai.

On April 5 there was a meeting of the Investigators of Penicillin in Early Syphilis at the Gateworth Hotel.

Harry Alexander recently returned from New York where he gave a lecture, by invitation, on "Peritartaric Acid and Allergy." The lecture was given before the post-graduate course on allergy of Columbia University.

W. Barry Wood, Jr., is to serve as civilian consultant to the 8th Service Command, under Colonel Walter Bauer, some time in May.

Roland M. Hoerr, A.B. '15, and Adrian W. Frazier, B.S.C.E. '09, have been elected to the Board of Directors of the University. Each formerly served as alumni representative on the board. Mr. Frazier is president of the Frazier-Davis Construction Company, which is doing extensive work for the Navy at McAlester, Oklahoma, and recently completed the Delaware aqueduct for New York City. The firm also constructed the Hine, Missouri, plant of the St. Louis Waterworks in 1925, the core-wall of the Fort Peck Dam in Montana in 1934, and the tank armor plant of the General Steel Castings Company, Madison, Illinois. Mr. Hoerr is president of the Western Railway Equipment Company, president of the St. Louis Wholesale Cut Flower Company, president of the Midvale Mining and Manufacturing Company, and vice-president of the Copper-Clad Malleable Range Company. He is vice-president of Ducks, Unlimited, sporting club, for the Mississippi Valley region.

St. Louis Maternity Hospital, 630 South Kingshighway Boulevard, which has been operating under a corporation organized in 1908, will be taken over by the University it was disclosed with filing of a petition in circuit court March 2. The petition was based on several reasons: (1) the hospital has been operated at a deficit for years; (2) it uses many facilities belonging to the University; and (3) it is in the midst of other buildings which are part of the University medical center.

Ruy L. Simoes, a member of the Faculdade de Medicina de Porta Alegre, Brazil, is studying, as a graduate student, in the department of anatomy under Edmund V. Cowdry. Dr. Simoes was awarded a scholarship by the Institute of International Education to study at Washington University and, upon completion of his research here, he plans to return to teaching in Porto Alegre. Dr. Simoes is a graduate of the Medical School of Porto Alegre, 1938, and he also has an M.D. degree in histology from that school. In 1941 he joined the faculty there and, in addition, maintained his private practice.

Harry M. Moore, former police surgeon in St. Louis and for many years an instructor in the medical school of Washington University, died from heart disease January 16, 1945. Dr. Moore was a graduate of the medical school in the class of 1898 and also of Johns Hopkins University. During World War I he was chief surgeon at the Newport News, Virginia, Army Hospital and in the following years he was on the surgical staff of the Frisco, Missouri Baptist, DePaul, and St. Luke's Hospitals. (Globe-Democrat, January 18, 1945.)

Returning service men who need convalescent care and rehabilitation must be treated as men and not as numbers states Colonel Edward A. Rusk, chief of the convalescent training division office of the Air Surgeon, Army Air Forces, Washington, D. C. Colonel Rusk, formerly on the staff at St. Luke's and Barnes Hospitals, feels that experience in the rehabilitation program in this war has taught the medical profession a great deal that will affect the treatment of civilian patients after the war. He believes that the period between the dismissal from the hospital and the patient's return to active life is exceedingly important and that the patient needs personal care and direction in that rehabilitation period. The rehabilitation programs in army convalescent centers call for a certain number of hours per week for physical exercise and study courses for the patient. He chooses his own time for exercise and study and arranges his day to his own liking. Men being treated for operational fatigue, amputated cases, and men other-

wise handicapped must be encouraged to try to rehabilitate themselves and not ordered to do so. (Star-Times, January 16, 1945.)

Dr. Harriet S. Cory, executive director of the Missouri Social Hygiene Association, has received an honorary life membership in the American Social Hygiene Association in recognition of her work.

New officers for the St. Louis Medical Society are: Dr. William E. Leighton, president; Dr. G. Lynn Krause, first vice-president; Dr. Ellen S. Loeffel, second vice-president; Dr. Joseph Grindon, Jr., secretary, and Drs. Edwin C. Ernst, Carl E. Vohs, John J. Hammond, Rogers Deakin, and Henry A. Hassett as councilors.

With selection based on 10 standards concerning the physical plant and personnel 35 hospitals of the St. Louis area in Missouri have been given full approval for 1944 by the American College of Surgeons. The requirements include: modern physical plant, clearly defined organization, carefully selected governing board, competent superintendent, adequate and efficient personnel, organized and competent medical staff, adequate diagnostic facilities, complete medical records, group conferences of hospital personnel, and a humanitarian spirit. Included among approved hospitals in this area were all the city and federal institutions, St. Louis County Hospital and the Washington University and St. Louis University hospital groups. (Globe-Democrat and Star-Times, January 2, 1945.)

Alfred Fairbank, president of the board of directors of the Barnard Free Skin and Cancer Hospital, died March 6 of a heart attack. Mr. Fairbank was widely known as a leader in civic affairs which included the executive directorship of the Red Cross War Fund Campaign and the position of first executive secretary of the city Board of Children's Guardians. As president of the board of directors of the Barnard Free Skin and Cancer Hospital, Mr. Fairbank is succeeded by Mr. John Shepley. The representatives of the medical profession on the board of directors include Dr. Edmund V. Cowdry and Dr. Edwin Ernst.

On April 1 the Isolation Hospital was converted into a hospital for treatment of chronic diseases as it was no longer needed to accommodate contagious cases. In this way the hospital division was able to relieve crowded conditions at the Infirmary where more than 800 elderly persons with chronic ailments were handled. Due to modern medical discoveries the average patient load at Isolation Hospital has reduced its capacity in

10 years from 200 persons to less than 40. The change was effected to cope with the rising number of chronic cases, especially mental and senile cases. The converted Isolation Hospital, which adjoins the Infirmary, will be consolidated with a new chronic hospital which is to be constructed as a part of the post-war public works program. (Star-Times, March 27, 1945.)

Samuel Gray, pathologist to Jewish Hospital and director of the Snodgrass Laboratory of the City Hospital, has been commissioned a lieutenant commander in the Navy and assigned to duty at the Great Lakes Naval Training Station. John Saxton, formerly at the university and now an assistant professor of pathology, will serve as acting director of the Snodgrass Laboratory.

Seminars for the staff will be conducted at least once a week by the staff of the departments of pathology at Washington University and St. Louis University. Dr. Henry Pinkerton and Dr. Robert A. Moore have been appointed consulting pathologists at the City Hospitals.

A prepaid medical insurance plan, known as the Missouri Medical Service, has recently been inaugurated under the auspices of the Missouri State Medical Association. Dr. Carl Vohs is president of this service. It is an indemnity plan in which the charges of the physician are provided for up to a certain amount. Any difference between these specified sums and the actual charges of the physician must be paid by the patient. Although enrollment takes place through Blue Cross, which provides prepaid hospitalization, the two plans are independent and share only administrative facilities. Enrollment is open only to the employees of Missouri firms affiliated with the Blue Cross plan. Single persons can obtain the benefits for 85c per month in addition to regular Blue Cross payment, a husband and wife for \$1.85, and a family for \$2.25. Benefits are set at a maximum of \$400.00 per year for a single person, \$900.00 for a man and wife, and \$1400.00 for a family. Service is immediate except in maternity and tonsil and adenoid cases. A membership period of 10 months is required for these cases.

Robert Elman spoke on "Protein Requirements of Surgical Patients" at the meeting of the Milwaukee Academy of Medicine February 20.

Adoption of the new Missouri state constitution makes it possible to eliminate an antiquated and inefficient county coroner system. The new charter does not mention the office, which clears the way to establish an enlightened system of official investigation in cases of unnatural death.

Dr. Herbert S. Breyfogle, deputy coroner of St. Louis County, in an article in the Missouri Law Review concludes that "the purpose of the coroner is to assist in the enforcement of law, the administration of justice, and the protection of public health. As the law now stands he is not permitted to serve effectively in any of these respects. For example the present law does not require professional training as a qualification for the occupant of the office. A coroner should certainly be a doctor, but only 35 of the 113 coroners in Missouri have a medical background. In many states the normal duties of this office are placed in the hands of a physician trained in pathology and, under proper laws, such a medical examiner can function in the best interests of civil and criminal justice, public health and safety. As evidenced by their vote for the new constitution the people of Missouri desire modernization of government. Therefore it would be in keeping with their wishes to establish a new system of medical examiners upon the expiration, permanently we hope, of the old plan on December 31, 1948. (Star-Times, March 23, 1945.)

Robert Elman was the initial speaker in a series of lectures sponsored by the Alpha chapter of the Alpha Omega Alpha honorary fraternity at the University of Illinois. He spoke before this chapter in Chicago on March 7. Dr. Elman was also the initial speaker for Alpha Omega Alpha at Ann Arbor, presenting "A Design for Surgical Convalescence" on March 29.

Publications by the Staff of the School of Medicine, Washington University

December, 1944 - February, 1945

- Alexander, H. L., Wilson, K. S., Blattner, R. J., et al. Acute arteritis with swelling of the endothelium and thrombi in the small arteries and capillaries of the skin, myocardium, kidney and adrenals; petechiae and ecchymoses of the skin of the trunk and extremities; focal hemorrhages in the bulbar conjunctiva, periaortic connective tissues, pericardium and epicardium; bronchopneumonia of the lower lobe of the left lung. (Barnes case 57) *J. Missouri M. A.*, 41: 239-243, Dec., 1944.
- Alexander, H., Scheff, H., MacBryde, C. M., et al. Arteriolar nephrosclerosis, light; arteriosclerosis of the coronary arteries and the thoracic and abdominal aorta, moderate; sclerosis of the anterior leaflet of the mitral valve; hypertrophy and dilatation of the heart (480 grams). (Barnes case 60) *J. Missouri M. A.*, 42: 30-36, Jan., 1945.
- Alexander, H. L. Primary atypical pneumonia. *Proc. Interstate Post-graduate Med. Assn. North America.* 1944. 57-59.
- Alexander, H. L., Scheff, H., Moore, R. A., et al. Primary carcinoma of the stomach; primary carcinoma of the ascending colon; polyp of the descending colon; metastatic carcinoma in a lymph node in the region of the ascending colon. (Barnes case 58) *J. Missouri M. A.*, 41: 243-247, Dec., 1944.
- Alexander, H. L., Scheff, H., Olmsted, W., et al. Scar of the posterior wall of the stomach; healed transverse operative wound of the anterior abdominal wall (history of drainage of abscess of the lesser omentum, seven months, with removal of small spicule of bone); fibrous peritoneal adhesions; atrophy of the left lobe of the liver and focal fibrous thickening of the capsule. (Barnes case 59) *J. Missouri M. A.*, 42: 27-30, Jan., 1945.
- Arbuckle, M. F., Stutsman, A. C. & Moore, S. Treatment of inoperable cancer of the throat. Follow-up of previous report. *Ann. Otol., Rhin. & Laryng.*, 53: 689-698, Dec., 1944.
- Beamer, P. R., Reinhard, E. H. & Goodof, I. I. Vegetative endocarditis caused by higher bacteria and fungi; review of previous cases and report of two cases with autopsies. *Am. Heart J.*, 29: 99-112, Jan., 1945.
- Blades, B. Recent observations concerning the treatment of chest wounds. *Surg. Clin. North America*, 24: 1410-1423, Dec., 1944.
- Bronfenbrenner, J. The mechanism of desensitization. *Ann. Allergy*, 2: 472-482, Nov.-Dec., 1944.
- Brown, J. B. & McDowell, F. Simplified design for repair of single cleft lips. *Surg., Gynec. & Obstet.*, 80: 12-26, Jan., 1945.
- Byrd, E. E., St. Amant, L. S. & Bromberg, L. Studies on filariasis in the Samoan area. *U. S. Naval Med. Bull.*, 44: 1-20, Jan., 1945.
- Callahan, W. P., Jr., & Russell, W. O. Human toxoplasmosis. *Weekly Bull. St. Louis Med. Soc.*, 39: 198-201, Jan., 12, 1945.
- Callahan, W. P., Jr. Spontaneous histoplasmosis occurring in a dog. *Am. J. Trop. Med.* 24: 363-366, Nov., 1944.
- Colowick, S. P. & Price, W. H. The role of dihydrocozymase in enzymatic transphosphorylation. *J. Biol. Chem.*, 157: 415-416, Jan., 1945.
- Cooke, J. V. & Goldring, D. The concentration of penicillin in various body fluids during penicillin therapy. *J.A.M.A.*, 127: 80-87, Jan. 13, 1945.
- Cooke, J. V. A simple clinical method for the assay of penicillin in body fluids. *J.A.M.A.*, 127: 445-449, Feb. 24, 1945.

- Costen, J. B. Diagnosis of mandibular joint neuralgia and its place in general head pain. *Ann. Otol., Rhin. & Laryng.*, 53: 655-659, Dec., 1944.
- Cowdry, E. V. A textbook of histology; functional significance of cells and intercellular substances. Ed. 4. Phila., Lea & Febiger, 1944.
- Deakin, R. Chronic urethritis in men and women. *South. Med. J.* 38: 38-42, Jan., 1945.
- Dean, L. W., Jr., Adenocarcinoma of the trachea. A pathological classification of assistance in treatment and prognosis. *Ann. Otol., Rhin. & Laryng.*, 53: 669-679, Dec., 1944.
- Elman, R. Courvoisier's law in regard to the gallbladder. *Gastroenterology*, 3: 416-417, Nov., 1944.
- Elman, R. Acute starvation following operation or injury: with special reference to caloric and protein needs. *Trans. Am. Surg. Assn.*, 62: 350-361, 1944.
- Gilson, A. S., Jr. The cathode ray oscillograph as a means of recording nerve action currents. *Washington Univ. Med. Alumni Quart.*, 8: 55-60, Jan., 1945.
- Gilson, A. S., Jr., Walker, S. M. & Schoepfle, G. M. The forms of the isometric twitch and isometric tetanus curves recorded from the frog's sartorius muscle. *J. Cell. & Comp. Physiol.*, 24: 185-199, Dec., 1944.
- Glassberg, B. Y. Underlying principles in the dietary management of diabetes. *J. Missouri M. A.*, 41: 233-234, Dec., 1944.
- Glick, H. N. An unusual neoplasm in the larynx of a child. (Rhabdomyomyxosarcoma.) *Ann. Otol., Rhin. & Laryng.*, 53: 699-704, Dec., 1944.
- Goldman, A. & Roth, H. Spontaneous pneumothorax: a report of three unusual cases. *Ann. Int. Med.*, 21: 1011-1021, Dec., 1944.
- Goldring, D. & Hartmann, A. F. Diagnosis and management of severe infections in infants and children: a review of experiences since the introduction of sulfonamide therapy. III. Meningococcal infections. A. Experiences at the St. Louis Children's Hospital (by) David Goldring and A. F. Hartmann. B. Experiences at the St. Louis Isolation Hospital (by) David Goldring, Richard Maxwell and A. F. Hartmann. *J. Pediat.*, 26: 1-31, Jan., 1945.
- Graham, E. A. Have the armed services crippled medical education? *Saturday Evening Post*, 217: 34, 39, 41-42, Jan. 27, 1945.
- Graham, H. T., Herbert S. Gasser. *Washington Univ. Med. Alumni Quart.*, 8: 63-65, Jan., 1945.
- Gray, C. C. & Moor, W. A. Serologic studies in acute eye diseases. *Am. J. Ophth.*, 28: 180-182, Feb., 1945.
- Hallenbeck, G. A., Penrod, K. E. & McCardle, R. Magnitude and duration of opening parachute shock. *Air Surgeon's Bull.*, 2: 35-37, Feb., 1945.
- Hance, G., Brown, J. B., Byars, L. T. & McDowell, F. Color matching of skin grafts and flaps with permanent pigment injection. *Surg., Gynec. & Obst.*, 79: 624-628, Dec., 1944.
- Harford, C. G., Smith, M. R., McLeod, C. & Wood, W. B., Jr. Effect of sulfonamide chemotherapy upon experimental bacterial pneumonia in the presence of influenza virus. *J. Clin. Invest.*, 23: 936, Nov., 1944.
- Harford, C. G., Martin, S. P., Hageman, P. O. & Wood, W. B., Jr. Treatment of staphylococcal, pneumococcal, gonococcal and other infections with penicillin. *J.A.M.A.*, 127: 253-259, Feb. 3, 1945; 127: 325-329, Feb. 10, 1945.
- Hartmann, A. F. Parenteral administration of amino acids. *J. Pediat.*, 26: 193-195, Feb., 1945.
- Hewitt, H. & Gildea, M. C.-L. An experiment in group psychotherapy. *Am. J. Orthopsychiat.*, 14: 112-127, Jan., 1945.
- Hofstatter, L., Smolik, E. A., & Busch, A. K. Prefrontal lobotomy in treatment of chronic psychoses with special reference to section of the orbital areas only. *Arch. Neurol. & Psychiat.*, 53: 125-130, Feb., 1945.
- Holden, R. F., Jr. Chemical studies in hypertension, reducing and nitrogenous fractions in protein-free blood filtrates. *J. Clin. Invest.*, 23: 859-863, Nov., 1944.

- Key, J. A. The conservative and operative treatment of lesions of the intervertebral discs in the low back. *Surgery*, 17: 291-303, Feb., 1945.
- Key, J. A. Penicillin and sulfonamides in the treatment of osteomyelitis and pyogenic arthritis. *Bull. N. Y. Acad. Med.*, 21: 87-98, Feb., 1945.
- Keyes, E. J., Jr. The sensation of gas stoppage during the onset of acute appendicitis, with illustrative cases. *Surgery*, 17: 270-283, Feb., 1945.
- Lane, C. W. & Herold, W. C. CIII. Kaposi's varicelliform eruption. Report of five cases. *Arch. Dermat. & Syph.*, 50: 396-404, Dec., 1944.
- Lane, C. W. Observations on the topical applications of the sulfonamides. *South. Med. J.*, 38: 125-132, Feb., 1945.
- Luten, D. The heart in hypertension. *J. Missouri M. A.*, 42: 17-18, Jan., 1945.
- MacBryde, C. M. & Reiss, R. S. Modified protamine zinc insulin: comparison with globin zinc insulin and insulin mixtures. *J. Clin. Endocrinol.*, 4: 469-479, Oct., 1944.
- MacBryde, C. M. & de la Balze, F. A. Work capacity and blood sugar in adrenocortical deficiency: effect of pork adrenal cortex extract. *J. Clin. Invest.*, 23: 938, Nov., 1944.
- Massie, E. Recent advances in the management of hypertension. *J. Missouri M. A.*, 42: 18-24, Jan., 1945.
- Maxwell, R. W. The hospital care of communicable disease patients. *J. Missouri M. A.*, 42: 89-91, Feb., 1945.
- Moor, W. A. Utilization of "pore spaces" of semi-permeable membranes. *Science*, 100: 494-495, Dec. 1, 1944.
- Moore, G. F., Wattenberg, C. A. & Rose, D. K. Breast changes due to diethylstilbestrol during treatment of cancer of the prostate gland. *J.A.M.A.*, 127: 60-62, Jan. 13, 1945.
- Moore, C. V., Vilter, R., Minnich, V. & Spies, T. D. Nutritional macrocytic anemia in patients with pellagra or deficiency of the vitamin B complex. *J. Lab. & Clin. Med.*, 29: 1226-1255, Dec., 1944.
- Post, L. T. Acceptable practices for dispensing glasses. *Am. J. Ophth.*, 28: 211-214, Feb., 1945.
- Post, L. T. Eye care for our returned soldiers (editorial). *Am. J. Ophth.*, 28: 93-94, Jan., 1945.
- Proetz, A. W. Lee Wallace Dean, Sr., a personal appreciation. *Ann. Otol., Rhin. & Laryng.*, 53: 621-624, Dec., 1944.
- Roblee, M. A. & Moore, S. "Lipiodol" pulmonary emboli following hysterosalpingography. *South. M. J.*, 38: 89-94, Feb., 1945.
- Rusk, H. A. The Army Air Forces convalescent training program. Its contribution to the medicine of tomorrow. *South. M. J.*, 38: 12-16, Jan., 1945.
- Sachs, E. Residuals of neurosurgical disorders; late treatment of gunshot wounds of the head and peripheral nerves. *Proc. Inst. Med., Chicago*, 15: 238-239, Jan., 1945.
- Sanders, T. E. A method for the projection of eye specimens. *Am. J. Ophth.*, 27: 1424-1425, Dec., 1944.
- Scheff, H., Horner, J. L. & Kenamore, B. Gastroscopic observations in pyloric obstruction. *Gastroenterology*, 3: 506-507, Dec., 1944.
- Schwartz, H. G. & Roulhac, G. E. Cranio cerebral war wounds; observations on delayed treatment. *Ann. Surg.*, 121: 129-151, Feb., 1945.
- Schwartzmann, J. R. & Miles, M. Experimental production of scoliosis in rats and mice. *J. Bone & Joint Surg.*, 27: 59-69, Jan., 1945.
- Scott, W. G., & Furlow, L. T. Myelography with pantopaque and a new technic for its removal. *Radiology*, 43: 241-249, Sept., 1944.
- Senturia, B. H. Auditory acuity of aviation cadets. *Ann. Otol., Rhin. & Laryng.*, 53: 705-716, Dec., 1944.
- Senturia, B. H. & Peugnet, H. B. Noise in aircraft. *Air Surgeon's Bull.*, 2: 12-13, Jan., 1945.

- Shaffer, P. A. Nobel prizes in medicine, 1943-44. Washington Univ. Med. Alumni Quart., 8: 53-55, Jan., 1945.
- Silberberg, M., Atherton, H. R. & Copher, G. H. Effects of bovine anterior hypophyseal extract on urinary bladder transplants in young dogs, including some observations on its effects on endochondral ossification. Trans. Am. Surg. Assn., 62: 680-688, 1944.
- Simpson, W. L., Carruthers, C. & Cramer, W. Loss of carcinogenic activity when methylcholanthrene is dissolved in anhydrous lanolin. Cancer Research, 5: 1-4, Jan., 1945.
- Simpson, W. L. & Cramer, W. Sensitization of skin carcinogenically inactive methylcholanthrene to subsequent carcinogenesis. Cancer Research, 5: 5-10, Jan., 1945.
- Spiegelman, S. & Moog, F. On the interpretation of rates of regeneration in Tubularia, and the significance of mass and time. Biol. Bull., 87: 227-241, Dec., 1944.
- Stowell, R. E. & Stokes, J. M. Glyoxal and furfural as substitutes for formaldehyde in tissue fixation. J. Tech. Methods, 24: 25-30, Dec., 1944.
- Tureen, L. L. The problem of the neuropsychiatric soldier; an orientation for Army officers. Washington Univ. Med. Alumni Quart., 8: 66-73, Jan., 1945.
- Votaw, R. E. Otorhinogenic hydrocephalus. Ann. Otol., Rhin. & Laryng. 53: 679-688, Dec., 1944.
- Wade, L. J. & Richman, E. E. The cephalin-cholesterol flocculation test. J. Lab. & Clin. Med., 30: 6-13, Jan., 1945.
- Wattenberg, C. A. & Rose, D. K. Side effects caused by diethylstilbestrol and correlated with cancer of the prostate gland. J. Urol., 53: 135-142, Jan., 1945.
- White, H. L. Joseph Erlanger. Washington Univ. Med. Alumni Quart., 8: 60-63, Jan., 1945.
- Wood, W. B., Jr., Goldman A., Smith, J. R., et al. Carcinoma of the apex of the right lung; metastases of carcinoma to all lobes of the lungs, to the bronchopulmonary and tracheobronchial lymph nodes and to the right lobe of the liver; extension of carcinoma to parietal pleura (right) and to the mediastinum; compression of the lumen and invasion of the wall of the superior vena cava by carcinoma 4 centimeters above the right auricle. (Barnes case 61), J. Missouri M. A., 42: 93-97, Feb., 1945.
- Wood, W. B., Jr., Harford, C. G., Kalmonson, G., et al. Carcinoma of the sigmoid colon; dilatation of the large and small intestine above the carcinoma, advanced; peritonitis, subacute; acute and chronic ulcerative colitis and acute ulcerative enteritis. (Barnes case 62) J. Missouri M. A., 42: 98-103, Feb., 1945.

Recent Acquisitions by the Library

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BOOKS

- Adriani, John. The pharmacology of anesthetic drugs. Springfield, Ill., Thomas, 1942.
- Blackfan, K. D. & Diamond, L. K. Atlas of the blood in children. N. Y., Commonwealth fund, 1944.
- Block, R. C. & Bolling, Diana. The amino acid composition of proteins and foods. Springfield, Ill., Thomas, 1945.
- Bowen, C. D. Yankee from Olympus. Boston, Little, Brown & Co., 1944.
- Bunnell, Sterling. Surgery of the hand. Phil., Lippincott, 1944.
- Clavero del Campo, G. Tifus exantemático; etiología, clínica, profilaxis. Madrid, Gráficas Afrodísio Aguado, s. a., 1941.
- Cobb, Stanley. Foundations of neuropsychiatry. 3rd ed. Balt., Williams & Wilkins, 1944.
- Conant, N. F. & others. Manual of clinical mycology. Phil., Saunders, 1944.
- Corbellini, Enrique. Obra Medica. Buenos Aires, Le Semana Medica, 1944.
- Cowdry, E. V. A textbook of histology. 3rd ed. Phil., Lea & Febiger, 1944.
- Dattner, Bernhard & others. The management of neurosyphilis. N. Y., Grune & Stratton, 1944.
- Escudero, Ernesto. Cáncer primitivo del pulmón, estudio clínico quirúrgico; tesis de doctorado. Buenos Aires, Librería Hachette s. a., 1943.
- Feinberg, S. M. Allergy in practice. Chicago, Yearbook Pub., 1944.
- Ferriar, John. Medical histories and reflections. Phil., Dobson, 1816.
- Fishbein, Morris, ed. Medical uses of soap. Phil., Lippincott, 1945.
- Hamblen, E. C. Endocrinology of woman. Springfield, Ill., Thomas, 1945.
- Hazlett, T. L., ed. Introduction to industrial medicine. Univ. of Pittsburgh, 1944.
- Heidel, W. A. The heroic age of science; the conception, ideals, and methods of science among the ancient Greeks. Balt., Williams & Wilkins, 1933.
- Henry, R. J. The mode of action of sulfonamides. Josiah Macy, Jr., Foundation, 1944. Review series, v. 2 No. 1.
- Holmes, O. W. Medical essays. N. Y. Houghton Mifflin & Co., 1896.
- Jacobson, Edmund. Progressive relaxation. Univ. of Chicago, 1938.
- Jacobson, Edmund. You can sleep well. N. Y., McGraw-Hill, 1938.
- Jacobson, Edmund. You must relax. N. Y., McGraw-Hill, 1942.
- Klem, M. C. Prepayment medical care organization. Washington, D. C., Social security, 1944.
- Kraines, S. H. The therapy of the neuroses and psychoses. 2nd ed. Phil., Lea & Febiger, 1943.
- Levine, S. A. Clinical heart disease. 3rd ed. Phil., Saunders, 1945.
- Lull, C. B., Hingson, R. A. Control of pain in childbirth. Phil., Lippincott, 1944.
- MacDonald, Mary. Federal grants for vocational rehabilitation. Chicago. Univ. of Chicago, 1944. Social service monograph.
- Rapaport, David. Manual of diagnostic psychological testing. Josiah Macy, Jr., Foundation, 1944. Review series. v. 2, No. 2.
- Rolleston, Humphrey & Moncrief, Alan, ed. Minor surgery. N. Y., Philosophical library, 1944.
- Sahyun, Melville, ed. Outline of the amino acids and proteins. N. Y., Reinhold, 1944.

- Smout, C. F. & Jacoby, F. The anatomy of the female pelvis. Balt., Williams & Wilkins, 1943.
- Snapper, Isidore. Medical clinics on bone diseases, a text and atlas. N. Y., Inter-science pub., 1943.
- Stöhr, Philipp. A text-book of histology, arranged upon an embryological basis, by J. Lewis Bremer. 6th ed. Phil., Blakiston, 1944.
- Stokes, J. H., Beerman, Herman & Ingraham, N. R. Modern clinical syphilology. 3rd ed. reset. Phil., Saunders, 1944.
- Templeton, F. E. X-ray examination of the stomach. Univ. of Chicago Press, 1944.
- Thacher, Thomas. A brief rule to guide the common-people of New England how to order themselves and theirs in the small pocks, or measles. (First published in 1677-8.) Facsimile ed., 1937. Balt., John Hopkins Press, 1937.
- Wolf, H. F. The practice of physical therapy. N. Y., Wilcox & Follett, 1940.

CONTINUATIONS

- Annals of New York academy of sciences. v. 45, Art 9. p. 357-436, Nov. 10, 1944. Energy relationships in enzyme reactions, by J. S. Fruton and others.
- Annals of Otology, Rhinology and Laryngology, 1944, v. 53, No. 4. Dedicated to the memory of Lee Wallace Dean, Sr.
- Annual reports of the progress of chemistry. v. 40, 1944.
- Collected reprints of the Grantees of the National infantile paralysis foundation. 1943. v. 4.
- Illinois Monographs in medical sciences. 1944. v. 4, No. 1-4, Bucy, P. C., The prefrontal motor cortex. 1944, v. 5, No. 1-2, Maher, F. T., The reticulo-endothelial system in sulfonamide activity.
- Psychosomatic medicine monographs. v. 3, No. 3-4, 1944. Gantt, W. H., Experimental basis for neurotic behavior; origin and development of artificially produced disturbances of behavior in dogs.
- Studies from the Rockefeller institute for medical research. N. Y. 144. v. 126.
- Trans. of the twelfth annual meeting of the American society of plastic and reconstructive surgery. N. Y. 1943.
- Trans. of the sixty-fifth meeting of the American surgical assn., Ed. by Walter Estell Lee. 1944, v. 62.
- Trans. of the National tuberculosis assn. v. 40, 1944.
- Trans. of the Southern surgical assn. v. 55, 1943.
- Yearbook of eye, ear, nose & throat. 1944.
- Yearbook of general surgery. 1944.
- Yearbook of pediatrics, 1944.
- Yearbook of physical medicine, 1944.
- Yearbook of urology, 1944.

JOURNALS

- Journal of parenteral therapy. v. 1, 1944+. New York, N. Y.
- Missouri industrial health bulletin. Springfield, Mo. v. 1, 1943+.
- Public Health Economics, a monthly compilation of events and opinions. Published by the School of Public Health, Univ. of Michigan, Ann Arbor. v. 1, 1944+.
- Revista del instituto de solubridad y enfermedades tropicales. Mexico, D. F. 1943, v. 4+.

PAMPHLETS

- Archer, W. H. Life and letters of Horace Wells, discoverer of anesthesia; chronologically arranged with an appendix. 1944. P. 306.
- Burroughs, Wellcome & Co. The vitamins. 1944. P. 309.

- Day, R. L. The effects of cold on man. 1943. P. 78.
- Friedman, N. B. Pathology of the thyroid gland. 1944. P. 119.
- Great Britain. Ministry of health. A national health service. 1944. P. 69.
- Gregg, N. McA. Congenital cataract following German measles in the mother. 1942. P. 307.
- Haymaker, Webb. The pathology of the viral encephalitides. 1944, P. 120.
- Lederle Laboratories, Inc. Penicillin . . . yesterday, today, tomorrow. 1944. P. 311.
- Merck & Company, Inc. Penicillin Merck, its action and uses. 1943. P. 108.
- Merck & Company, Inc. The story of penicillin. 1944. P. 310.
- Nicolson, D. W. Twenty years of medical research. 1943. P. 42.
- Reed & Carnrick. The nephritides; a reference monograph. 1944. P. 241.
- Whalley, M. E. Abstracts on penicillin and other antibiotic substances. 1943. P. 49.
- Winthrop chemical company, inc. Malaria; chemotherapy with atabrine dihydrochloride. 1943. P. 298.
- Winthrop chemical company, inc. Penicillin; annotated bibliography (No. 1-81) with detailed subject index. 1943. P. 44.

Alumni News

1894

H. W. Soper, 515-520 Wall Bldg., St. Louis 8, Missouri—Class Secretary.

In a recent letter from Dr. Soper it was interesting to learn that the class of 1894 was the first class to have a full three-year course and the first class to be graduated from the medical department of Washington University. There were sixteen members in that class, five of which number are still living. They are: C. A. Newcomb, Los Angeles; A. G. Schlosstein, St. Louis; O. W. Bedell, St. Louis; George M. Tuttle, St. Louis; and H. W. Soper, St. Louis.

1895

Newton E. Enloe's address is 1532 Magnolia, Chico, California.

H. A. Geitz is at the Hotel Colonial, Monterrey, Nuevo Leon, Mexico.

1896

Charles Q. McGinnis, 2902 California Street, Huntington Park, California, writes of visiting with Dr. Arthur F. Maisch of 370 South Commonwealth, Los Angeles, California. Dr. McGinnis also reported the death of Dr. Vernon G. Clark of San Diego, California.

1899

F. G. Abeken, 5319a Broadway, St. Louis, Missouri—Class Secretary.

In a recent visit to the Alumni Office Dr. Abeken reported that R. O. Raymond of Flagstaff, Arizona, was in St. Louis and had visited with him and with William H. Luedde, 1900.

1902

Louis J. Downey is now living at 504 Hart Street, Plainfield, Indiana.

1905

Thomas J. Nalley, 914 N. Laurel Avenue, Ontario, California, has been an

army contract surgeon for the past five years. He is now stationed at the Mira Loma Q. M. Depot at Mira Loma, California.

1906

William H. Smith is a colonel in the medical corps of the Army. He is in command of DeWitt General Hospital, Auburn, California, and has been in the service since 1907.

Lt. Col. Ray Mercer is with the Veterans' Administration Area Office No. 4, 20 Houston Street, Atlanta, Georgia.

1908

John R. Hall is a colonel in the medical corps of the Army Service Forces. He organized and is now in command of the Gardiner General Hospital in Chicago where more than half of the patients are battle wounded from overseas.

1910

Frederic Hagler is engaged in surgery in Springfield, Massachusetts.

1911

John F. Barton's address is 1609 Twenty-first Street, Long Field, Washington.

1912

T. K. Bowles, 4624 So. Yakima Avenue, Tacoma 8, Washington, recently visited with R. S. Fillmore, Jr., who is a surgeon on an Army Transport with the rank of a major.

1914

Colonel Walcott Denison is stationed at Regional Hospital, Camp Polk, Pennsylvania.

1918

Colonel W. E. Stone is with the 9th Evacuation Hospital overseas. Colonel Stone entered the service in December, 1940, and went overseas in September, 1942. He is the commanding officer for the 9th, which is the Roosevelt Hos-

pital Unit, and has seen service in Tunisia, Sicily, Italy, and France. The unit was recently awarded the Distinguished Unit Award.

1919

William L. Hardesty's address is 723 Bigley Avenue, Charleston 2, West Virginia.

1920

Colonel Harvey L. White is with the 38th General Hospital overseas. Colonel White is a veteran of the Alaskan campaign and has been named commanding officer of the 38th stationed with the USAFIME in Egypt. This hospital is one of the largest and most thoroughly equipped Army hospitals in foreign service, and it is now one of the main points for stopover, transient patients from various other theaters, especially China-Burma, India and the Persian Gulf. The USAFIME theatre is in itself larger in area than the continental United States. Colonel White is also post surgeon at the large Army camp where the 38th is assigned.

Royal W. Rudolph's address is 542 Country Club Road, Tucson, Arizona.

Marcus D. White has been promoted to the rank of colonel.

1921

Ford J. Lowry's address is 1032 Professional Building, 1103 Grand Avenue, Kansas City 6, Missouri.

Lester J. Evans is at 3405 80th Street, Jackson Heights, New York, N. Y.

Lt. Com. Harold M. Bunch's address is 5317 Wilshire Drive, San Diego, California.

1922

Lt. Com. I. G. Tremain is in the South Pacific as senior medical officer on an attack transport.

Calvin Clay's address is 106 Washington Avenue, St. Charles, Missouri.

1923

Major Dudley Smith's address is

Winter General Hospital, Topeka, Kansas.

1924

John Andrew Wood is now at the U. S. Naval Hospital in San Diego, California.

Perry E. Duncan has moved to 405 East Capitol Avenue, Springfield, Illinois.

Cleon E. Colgate is with the Veterans' Administration, Amarillo, Texas.

1925

H. M. F. Behneman's address is 875 Prescott Drive, Palm Springs, California.

Major Jerome S. Levy has A.P.O. 4294, c/o Postmaster, San Francisco, California.

1926

Com. Henry Rover served in the Tarawa campaign. He landed with Lt. Com. Charles Johnston who was serving on a hospital ship at the time.

Byron F. Francis' address is 620 Cobb Building, Seattle 1, Washington.

1927

Captain Colby Hall is stationed in Northern Burma.

Lt. Col. W. B. Wilcoxon is at the Station Hospital, Fort Snelling, Minnesota.

A. G. Henrich is now at 1401 S. Hope, Los Angeles, 15, California.

Captain August L. Magnelia is with the 109th Evacuation Hospital overseas. He has been in the service since September, 1942, and has been overseas since March, 1944.

1928

Major Arthur L. Stockwell has A.P.O. 557, c/o Postmaster, New York.

V. T. Williams has moved to 836 Argyle Building, Kansas City 6, Missouri.

J. T. Maher's address is 808 N. Logan Place, Danville, Illinois.

1929

Frank B. Queen is Chief of Laboratory Service at Bushnell General Hospital, Brigham City, Utah. His com-

manding officer is Col. Robert M. Hardaway, '10. Lt. Col. Queen also writes that W. R. Merrill, '27, is located in Brigham City.

Major Lawrence C. Ball is with the 116th Evacuation Hospital overseas.

Lt. Com. G. F. Burpee's address is USS Grafton, APA 109, c/o Fleet Post Office, San Francisco, California.

1930

George C. Mayfield has been overseas since about March 1, 1941, as a reserve officer in the Army. He is now a colonel and his address is A.P.O. 455, c/o Postmaster, San Francisco, California.

Captain Benjamin F. Byland is with a general hospital overseas.

Joseph Gitt, a captain in the medical corps, is stationed at Winter General Hospital, Topeka, Kansas.

Major Donald T. Chamberlain has A.P.O. 205, c/o Postmaster, New York.

Lt. Col. L. Gordon Livingston returned last March (1944) after 28 months in Australia and New Guinea. He is now stationed at Fort Belvoir, Virginia.

Lt. Com. J. P. Conway's address is 1st Marine Division, Med. Bn. Hdq. Co., Malaria Control, Fleet Post Office, San Francisco, California.

1931

Major Henry Clay Barber is with the 188th Station Hospital overseas. He is chief of surgery.

Sam A. Bassett's address is 412 Alta Dena Court, University City 5, Missouri.

Major John R. Cochran is with the 221st AAFBU at Alexandria, Louisiana.

1932

Joseph B. O'Neill's address is 1117 West 76th Street, Kansas City 5, Missouri.

Lt. Com. James A. Jarvis is with the U. S. Naval Hospital, Navy 10, Fleet Post Office, San Francisco, California.

Col. George M. Powell, Lt. Col. Bryan Blades, Major John K. Mack, and Major Arie C. van Ravenswaay are all stationed in Washington, D. C.

Major Paul F. Max is commanding officer of the Army's 34th Station Hospital in Italy which, according to an Army dispatch, has cared for 12,000 wounded and sick soldiers in 21 months of operation overseas.

Captain I. Lorberblatt has A.P.O. 655, c/o Postmaster, New York.

Navy Lt. Sol Weisman has received the Bronze Star for meritorious achievement in the Saipan and Tinian campaigns.

Captain Sydney S. Pearl is with the 22nd Field Hospital overseas.

E. J. Kloess is with the 140th Evacuation Hospital at Camp Gruber, Muskogee, Oklahoma.

Benjamin I. Allen is with the 3rd General Hospital at Camp Rucker, Alabama.

Lt. Col. Paul F. Max is commanding officer of the Army's 34th Station Hospital in Italy which, according to an Army dispatch, has cared for 12,000 wounded and sick soldiers in twenty-one months of operation overseas. Colonel Max has seen service in England, North Africa and Italy in his twenty-nine months of overseas duty. Before enlisting thirty-seven months ago he practiced obstetrics and gynecology. (Post-Dispatch, February 27, 1945.)

1933

Colonel Lyman Richardson is director of a field hospital in the south Pacific.

Captain Charles Morrison Schroeder is stationed at Mayo General Hospital, Galesburg, Illinois.

Lt. Col. George E. Zukovich has been stationed in Honolulu, T. H., at the Triplu General Hospital for the past three years.

Phillip H. Bassett's address is 156 H. Street, Brawley, California.

Albert A. Loverde is a captain in the medical corps. He has been overseas for 22 months with a hospital unit and has served in Africa, Corsica, and France.

1934

Major William Henry Doyle was awarded the Bronze Star for meritorious service in the Leyte and Mindoro campaigns.

Frank Drake is a surgeon with the 3rd Division overseas and has been responsible for their medical work in North Africa, on the Anzio Beachhead, and on up into Northern Italy.

Roy F. Culbertson is living in Dyersburg, Tennessee.

Harmon Jackson Bailey is a flight surgeon in the Air Corps. He has been in the service since August, 1942, and is now somewhere in the Pacific theater.

Captain Arnold J. Gumper is in the Army Air Forces in England.

Major Paul Kunkel is in charge of the medical service with a station hospital overseas.

Major James M. Baker, serving in a medical detachment of the First Army, supervised evacuation of wounded Yanks from the east bank of the Rhine River after initial crossings of the Remagen Bridge were made.

1935

Major Richard A. Sutter is commanding officer of a medical clearing company on the western front in Europe.

Sidney Messer's address is 44 Rose Avenue, Venice, California.

William Berman is stationed at the Regional Hospital, Fort Riley, Kansas.

Major John A. Growdon was awarded the Bronze Star with a citation by Lt. Gen. Courtney Hodges. He performed operations two hours after he waded ashore on June 7, 1944, in France. The citation reads "He has administered his duties in an outstanding manner from D Day to November 21, in France, Belgium, and Holland."

The Bronze Star has been awarded to Lt. Col. Edwin S. Wallace, commanding officer of a medical battalion serving with the 10th Armored Division, which has seen action in France, Germany, and Luxembourg. The 10th Armored is a part of Patton's Third Army. Colonel Wallace has been in the service since November, 1940, and has been overseas since September, 1944.

Heinz Haffner is with the 3614th Service Unit, Vaughan General Hospital, Hines, Illinois.

Kenneth M. Amlin is at the Alsup Clinic, Honolulu, Hawaii.

Major Richard A. Sutter has A.P.O. 758, c/o Postmaster, New York.

Major Frank H. Robinson is with headquarters for the 116th Medical Battalion overseas.

Captain Arthur R. Bortnick's address is A.P.O. 217, c/o Postmaster, New York.

Major Frank H. Robinson is in the Dutch East Indies where he saw Ed Powers and Dick McElroy during the Biok campaign.

Lt. Col. Bert Bradford, Jr., has been awarded the Bronze Star for meritorious service in Belgium. Colonel Bradford has been attached to an evacuation hospital overseas since 1943 and has seen service in England, France and Belgium.

1936

Curtis H. Epps' address is 1011 N. Wall, Shamrock, Texas.

Major Bernard Alan Cruvant is stationed at Camp Gordon Johnston, Florida and is in charge of the consultation service.

M. S. Wepprich's address is 1219 S. Main Street, St. Charles, Missouri.

Thad M. McNamara, Jr., is now at 635 Wilson Road, Atlanta, Georgia.

John H. Basham is living in Eureka, Kansas.

John F. Flynn is practicing gynecol-

ogy in Pittsfield, Massachusetts. His address is 28 North Street.

Captain Elwyn N. Akers helped make secure the American advance in western Germany March 1 when he attended the birth of a German baby, who was promptly named Franklin Delano Ludwig by the grateful parents. The old rule against fraternizing with the enemy was lifted when the frantic German couple sought the aid of the Third Army. Captain Akers is a veteran of more than 4½ years army service and has been in Europe since D-Day. He has been awarded the Bronze Star, the Purple Heart, and two unit citations. (Post-Dispatch, March 2, 1945.)

1937

Captain Tom L. Weber is a flight surgeon in the Army Air Corps in Alaska.

John R. Connell's address is 1515 31st Street, Des Moines, Iowa.

Herman Erlanger is with the Harvard unit hospital overseas.

Major David R. Wall is with the 13th Armored Division overseas.

Major Ralph C. Petersen is with the medical corps in the Philippines.

Captain Charles M. Polan is overseas. His address is A.P.O. 100, c/o Postmaster, New York.

Joseph A. Fiorito is the proud father of a son, Thomas Frederick, born December 2, 1944. Dr. Fiorito's address is 303 Whitney Avenue, New Haven, Connecticut.

Captain Charles E. Martin has been transferred to the AAF Navigation School at San Marcos, Texas.

Captain John E. Miksicek is stationed at Fort Ord, California.

Colonel E. L. Gann's address is Deputy Air Surgeon, Headquarters, Army Air Forces, Pacific Ocean Areas, A.P.O. 953, c/o Postmaster, San Francisco, California.

James W. Burks, Jr., is now on the inactive Army list as a Major subject

to recall. He is located, at present, at the Ochsner Clinic, Prytania and Aline Streets, New Orleans 15, Louisiana, in the capacity of dermatologist and syphilologist. Edgar Little is also at the Clinic as head of the Department of Roentgenology.

1938

Captain Fredrick Dale Wilson has been in service 4 years and overseas 25 months.

Lt. Com. Ernest Serrano is overseas with a general hospital.

Captain William G. Baker's address is 726 West 4880, South Murray #7, Utah.

Robert D. Brookes is at the U. S. Naval Hospital, Oakland 14, California.

Lt. Cornelius S. Meeker is at Camp Waldron Disp. 27, U.S.N.T.C., Farragut, Idaho.

Major Harvey D. Bingham is with the 337th Station Hospital overseas. He was recently awarded the Bronze Star Medal "for meritorious service in connection with military operations against the enemy from June 26 to Aug. 1, 1944. As chief of the surgical service in a station hospital Major Bingham organized a surgical staff which functioned smoothly in spite of crowded facilities and inadequate equipment. Established as a 400 bed unit, the hospital cared for 2,900 casualties in less than six weeks."

J. W. Findley has been in the service since 1942 and has participated in three invasions and five major campaigns. At present he is stationed at the Personnel Center, Fort Logan, Colorado.

William Sylvanus Allee is a prisoner of the Japanese.

Captain and Mrs. John Lionberger are the proud parents of a boy, John Campbell, born December 30, 1944. Captain Lionberger is stationed at Patterson Field, Fairfield, Ohio.

Captain Clyde R. Milster has received the Silver Star for gallantry in

action. Captain Milster was cited for going through a Japanese infested jungle on Leyte and saving the lives of two wounded American soldiers. He operated on their wounds, gave them plasma and guarded them throughout the night. (Post-Dispatch, March 20, 1945.)

Lt. Col. Eugene F. Melaville has received the Bronze Star for "meritorious achievement in connection with military operations against the enemy on Peleliu Island, Palau Group, from October 4 to November 27, 1944. In the absence of normal third echelon medical service, the facilities of the Division Clearing Company and a Portable Surgical Unit were combined to hospitalize wounded and sick of the Division and attached units. . . . By his untiring effort and vigilant supervision Colonel Melaville made a splendid contribution to the efficient hospitalization furnished the Division in the Palau Islands.

1939

Captain Wilson G. Brown is with the 21st General Hospital overseas.

Captain Aloysius J. Mullen has A.P.O. 550, c/o Postmaster, New York.

Captain Darwin W. Neubauer's address is A.P.O. 133, c/o Postmaster, New York.

Gene B. Starkloff is a major in the medical corps stationed in Rio de Janeiro.

Lt. Samuel H. Wallace, Jr., is with a submarine repair unit in the Pacific.

J. H. Ahrens is stationed at the Regional Hospital, Camp Barkeley, Texas.

Captain Joseph Borenstine is with the 138th Evacuation Hospital, Fort Bragg, North Carolina.

Captain Arthur W. Bohne is with the 23rd General Hospital overseas.

Captain Fred C. Jordan, Jr., has been overseas with the Army Medical Corps for the past forty-four months, having been sent to Hawaii in June,

1941. At present he is in the Philippines.

Ruth Fleming's address is 490 Post Street, San Francisco 2, California.

1940

James G. Delano's address is 6317 15th Street N. E., Seattle, Washington.

Lt. Robert Moore Smith, Jr., was recently awarded the Bronze Star. The citation read "for meritorious performance of duty as a company medical officer of the 2nd Beach Battalion during the assault of France, June 6, 1944. . . . His courage and devotion to duty were an inspiration to all officers and men having contact with him. The skill and professional ability displayed by Lt. Smith, under most trying conditions, were in keeping with the best traditions of the United States Naval Service." Lt. Smith has been in the service since February, 1943.

Lt. Thomas B. Dominick is at the Finney General Hospital, Thomasville, Georgia.

Captain Joseph Bryne Harris is a flight surgeon in China.

Captain O. K. Park has A.P.O. 830, H-11, c/o Postmaster, New Orleans, Louisiana.

Captain Charles Galt, Jr.'s address is A.P.O. 28, c/o Postmaster, New York. In a recent letter Captain Galt reported seeing Captain George Womble, '41, in Germany.

Perry C. Gillett's address is 810 Euclid, Elmira, New York.

Major Harry A. Sawyer, Jr., is with the medical corps overseas.

Captain Charles G. Obermeyer is stationed at Sq. E Hospital, Keesler Field, Mississippi.

Robert H. Young has been in the Navy since January, 1944, and at present is stationed on the USS Denver.

Captain Horace M. Wiley is with the 111th General Hospital in England.

Henry T. Friedman is serving as resident in pathology at the Cedars of

Lebanon Hospital in Los Angeles, California. He has been retired from active military duty due to injuries received in line of duty.

1941

Captain Garland F. Smith has A.P.O. 259, c/o Postmaster, New York.

Captain David Bachwitt is in charge of a fever ward at a station hospital in Panama.

Captain Robert J. Cook is with the medical corps in France.

Captain William L. Topp is a flight surgeon stationed with Sqd. E, RAAF, Roswell, New Mexico.

Captain Jack L. Baughman has A.P.O. 24, c/o Postmaster, San Francisco, California.

William R. Beine had twenty months of duty on a destroyer in the south Pacific. While in that area he saw Si Ross, Alvin B. Hayles, Joseph Ramsey, Ralph Harsh, E. H. Jones, Jr., '42, and G. B. Lemmon. At present Lt. Beine is stationed at the Naval Training Center, Great Lakes, Illinois, Bldg. 109.

Melvin W. Johnson's address is 2120 Great Highway, San Francisco, California.

1942

Captain Jackson C. Neavles has been awarded the Bronze Star for meritorious service in action with his Army airborne division in Holland. He also served as a battalion surgeon with his unit during the Normandy campaign.

Lt. Joseph L. Ponka is with the 312th General Hospital, Camp Roberts, California.

Warren B. Mills' address is 3594 SU, Newton D. Baker General Hospital, Martinsburg, West Virginia.

Lt. John R. Showalter, Jr., has A.P.O. 533, c/o Postmaster, San Francisco, California.

Lt. Burton A. Foote is stationed on Guam. He has reported that George Watkins and Alon McAfee are also stationed there.

Captain Jules L. Glashow is with a general dispensary overseas.

Lt. Mathias K. Kohl is at the Family Clinic, U. S. Naval Amphibian Training Base, Fort Pierce, Florida.

Captain Robert B. Stortz is in France with General George Patton's Third Army.

Wilson J. Ferguson is with the 4th Service Command, Fort Bragg, North Carolina.

Lt. Charles Barber Mueller, who participated in the entire Marshalls campaign and the invasions of Saipan and Tinian, concludes that "six hours on Iwo Jima were worse" than all of the aforementioned campaigns put together. "We knew the invasion would be tough," he said, "but nothing like what we met." During the first five hours, more than one-third of Lt. Mueller's corpsmen were among the casualties. Because of this fact, coupled with the utter confusion that existed on the beach, it was virtually impossible to do more than give first aid. At present Lt. Mueller is recovering in an Army hospital somewhere in the Marianas, from wounds received when he was struck in the back by mortar shell fragments. (Globe Democrat, March 20, 1945.)

Charles Lockhart is with the Sea Bees in the Marianas.

Gene Groshart was on a destroyer in the invasion of the Philippines.

Edwin Hamlin is on a cargo vessel somewhere around the southern coast of New Guinea.

Don Ransom is on a destroyer and was in the invasion of the Philippines.

1943

Lt. John L. Crites' home address is 3800 Parkdale Road, Cleveland Heights 21, Ohio. At the present time he is overseas with the 671st Field Artillery Battalion as battalion surgeon.

Lt. John Bruce Balken is in France with a medical detachment.

Lt. Fremont P. Koch is in New Guinea.

Jack F. McKemie is a first lieutenant at Carlisle Barracks, Pennsylvania.

Lt. William H. Middleton has reported to the Replacement Pool, Stark General Hospital, Charleston, South Carolina.

Lt. Ernest Rosenstein is with a general hospital overseas.

Captain Frank S. Wissmath is a battalion surgeon in France.

Lt. Saul D. Silvermintz is stationed in Brooklyn, New York, with the medical corps.

Lt. Elmer B. Miller has A.P.O. 17604, c/o Postmaster, New York.

Edward H. Kowert is stationed at Bushnell General Hospital, Brigham City, Utah.

The Silver Star and the Purple Heart were recently awarded to Captain Raymond Wheeler for bravery and for wounds received in action. Captain Wheeler is now with a tank battalion in the European theater of war as a surgeon in the medical corps. He has been in the service since January, 1944.

Lt. Don L. Fisher's address is A.P.O. 25, c/o Postmaster, San Francisco, California.

Lt. Daniel S. Castile is with the 116th Army Air Force Base Unit, Fort Dix, New Jersey.

Captain Edward N. Snyder, Jr., is with the 365th Medical Battalion overseas.

Sigmund Gundle's new address is 41 Lakeland, Babylon, Long Island, New York.

Captain Melvin L. Goldman has A.P.O. 248, c/o Postmaster, San Francisco, California.

Lt. Alsey C. Pratt, Jr., is in the central Pacific and is the only medical officer on the island where he is stationed. He is with Marine Air Wing.

Lt. Joseph R. Mallory is stationed on Iwo Jima.

Lt. Wilbur F. Haines is overseas with the 120th General Hospital. He has been in the service since November, 1944.

Albert N. Lemoine, Jr.'s address is 82 West Cedar Street, Boston 14, Massachusetts. He is completing a residency in Ophthalmology at the Massachusetts Eye and Ear Infirmary.

Lt. Forrest C. Lawrence is overseas with the 9th Armored Division. He has been overseas since September, 1944.

Frank R. Daley has been promoted to the rank of captain. He is a member of a general dispensary in Eastern France.

Donald Huelsmann is the proud father of a son, David Allen, born February 26, 1945. Dr. Huelsmann is resident in private medical service at Barnes Hospital, St. Louis.

Russell Aufderheide's address is A.P.O. 152, c/o Postmaster, New York. He is a captain with an artillery unit and was wounded in action in Luxembourg.

J. Richard Compton is at the Hospital for the Women of Maryland, Baltimore 17, Maryland.

Samuel Oleesky writes from Manchester, England: "It is just over one year since I arrived in England and it is about time I wrote. During the past year much has happened. I spent the first half of 1944 reviewing for finals and doing subjects such as anaesthetics, forensic medicine and public health, extra work in skin, etc. I got through quite well in June with the distinction in medicine, the 'Turner' medical prize, and honours. I attribute this to the training in internal medicine which was the 'tops' at Washington University. I spent the last six months as a house physician to the Professor of Clinical Medicine, then this January became Resident Clinical Pathologist (R.C.P.) at the hospital. This latter job is a peculiar job, a sort

of stepping stone between the house physician and resident medical officer. There are two of us on the job and duties are (1) special haematology for the hospital, e. g., prothrombin times, bone marrows, (2) bacteriology — all the hospital's bacteriology except W. R.'s and G. P. inoculations, (3) urgency chemistry and blood bank work, (4) control of penicillin; its administration, standardizing solutions, doing plasma penicillin levels, etc. It is all very varied and interesting. We also act as physicians on our nights on call when we act as Res. Med. officer and admit and treat urgencies. Unlike American hospitals we get rather good pay even as residents which is rather helpful as otherwise I would be broke — we get £240 or approximately \$1000 per year as well as residency emoluments. At the moment we have just received or are about to receive our first supply of sulphamerazine, which as you know was the standard sulfa drug at Barnes when I was there. We have been using sulphamezathine, the dimethyl derivative of sulphadiazine as opposed to merazine which is the monomethyl derivative. The Medical Research Council is investigating the use of penicillin in proven Bacterial

Endocarditis. We are using two types of therapy (1) 1,000,000 Oxford-U. /day in 3 hourly doses for 5 days, (2) 250,000 Oxford U. /day in 3 hourly doses for 10 days. The director of the clinical laboratory, the other RCP and myself are doing all the penicillin and bacteriological side and it means a great deal of work. Penicillin levels on each case 2 times per day; isolating; typing and testing the sensitivity of the organism to penicillin in each case. It is all very good however. I wrote to Prof. Erlanger on the occasion of the award of the Nobel Prize. Quite an honour for the school. . . ."

Paul Naney is with the medical corps in Belgium.

Al Thurlow is on a destroyer and was in the second battle of the Philippine Sea and in the invasion of the Philippines.

Wallie Leibner is with the 155th General Hospital in England.

Al Tabankin is with the medical corps in England.

Captain Stanley S. Kahn is overseas with the 111th General Hospital.

William J. Cassel, Jr.'s address is 6220 N. Talmar Avenue, Chicago 45, Illinois.

In Memoriam

Betsui, David Takaji, '31, Hanapepe, Hawaii, died October 24, aged 41.

Colby, Lee R., Mo. '99, Norborne, Mo., died January 7, aged 87.

De Foe, James L., Mo. '91, Chesterfield, Mo., died September 28, aged 79.

Flury, John A., '12, Colorado Springs, Colo., died January 9, aged 59.

Housh Ato C., Mo. '99, E. St. Louis, Ill., died January 14, aged 72.

Kelley, James H., Jr., '25, Springfield, Mo., died October 17 age 47.

Lacey, James Henry, St. L. '83, Denver, Colo., died October 31, aged 87.

Moore, H. M., Mo. '98, California, Mo., died January 16, aged 70.

Watson Frank W., Mo. '85, Union City, Tenn., died Jan. 2, aged 81.

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Note: Complete information about any of the schools listed above may be obtained by writing to the Dean or Director concerned.